

# CCR&R Training Calendar

## June 2019



Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12 ITS-SIDS 6:30 – 8:30  Register by 6/5/19	13	14	15
16	17 Program for Infant/Toddler Care Training 6:30 – 8:30  Register by 6/10/19	18	19	20	21	22
23/30	24	25	26 Summer Activities  Register 6/19/19	27	28	29

**All trainings will take place at the Training Center for Smart Start of Brunswick County unless otherwise noted.**

**June 12<sup>th</sup> 6:30 – 8:30 pm** – ITS-SIDS \$10 – Training located in the Training Center at Smart Start of Brunswick County. 2 Contact Hour Credits.

**Register by June 5<sup>th</sup>.**

Trainers: Laura Travis-Ehart

**June 17<sup>th</sup> 6:30 – 8:30 pm** – PITC: Meeting the Intimacy Needs of Infants and Toddlers in Groups \$10 – *“If I were a baby, I would have difficulty always having to adapt to a different style. One caregiver is fast, the other is slow. One uses cold water to wash my buttocks, one uses warm.*

*For me, if I am a baby, I would have to adapt to so much novelty that I would want to still be able to predict a little bit.” -Magda Gerber*

This part of the Program for Infant and Toddler Care will focus on the intimacy needs of infants and toddlers while focusing on 3 program policies that will lead to this special kind of care: Primary Caregiver Assignments, The Use of Small Groups, and Continuity of Care. 2 Contact Hour Credits

Trainer: Laura Travis-Ehart. **Register by June 10<sup>th</sup>.**

**June 26<sup>th</sup> 6:30 – 8:30** – Summer Activities \$10 – Join us as we walk through activities to keep the classroom exciting during the summer months.

We will discover games, activities and things that can be made in this interactive training. Trainers: Laura Travis-Ehart and Jonathan Hartman

**Register by June 19<sup>th</sup>.**

# TRAINING REGISTRATION FORM

Make check/money order payable to CCR&R  
Mail to: CCR&R, 5140 Sellers St., Shallotte, NC 28470

The decision to cancel the class will be made 2 days prior to the class date.  
 You will be notified directly of any changes. If the training cancels for any reason, you will  
 receive a call from a CCR&R staff member.

NAME OF TRAINING	DATE OF TRAINING	LOCATION OF TRAINING	
NAME OF CHILD CARE PROGRAM		CONTACT NUMBER OTHER THAN WORK <span style="color: red;">(VERY IMPORTANT)</span>	COST OF TRAINING
NAME OF PERSON(S) ATTENDING TRAINING			
CHECK # → MONEY ORDER #		TOTAL AMOUNT MAILED →	\$



**Once we receive payment, you will be registered for the training.**

**If you have any questions about this form or trainings, please call us at 910- 754-3166.**

**Please make copies of this form for future registrations and trainings.**