

2009-2010 Pre-K/K SIRI, CORE & OELCS Registration Form

Pre-Registration Information

- Registration is limited to **FIVE** participants per agency. Additional participants can be entered on the waiting list. If a session is not filled to capacity, we will open it to participants on the waiting list. Waiting list participants will be notified of availability two weeks prior to the start of the module.
- Ohio Department of Education (ODE) licensed teachers and certified personnel will be able to register online through STARS. Information on this process can be obtained by e-mailing laurie.Dotson@ecqnet.org or calling 800-678-6352.
- Pre-K/K SIRI Modules 1 through 7 are each 12 contact hours with **no** prerequisite.
- OELCS Modules Math, Science and Social Studies are each 12 contact hours with **no** prerequisite.
- Integrated Curriculum is 18 contact hours with **no** prerequisite.
- Preschool Core Curriculum is 30 contact hours with **no** prerequisite.
- Participants **must attend all sessions within a module at the same location** to receive contact hour documentation, including an *ODJFS Inservice Document* and/or certificate for *ODE Approved PD* credit.
- Confirmations will be e-mailed or faxed only. Directions and credit information will be included in the confirmation.

- No on-site registration. No registration fee.
- Deadline** for registration is **TWO weeks prior to the beginning of the module** for the presentation you select. Space is limited, and registration after the deadline may not be honored.
- Academic Credit and Continuing Education Units are available. Check the appropriate box on the registration form for more information.

Registration Submission Options

- Fax:**
(614) 292-6505, to the attention of Laurie Dotson
- Mail:**
Attn: Laurie Dotson
CSNP, The Ohio State University
1900 Kenny Rd, Columbus, OH 43202

No on-site registration. No registration fee.



Questions?
800-678-6352



or via e-mail at askqnet@ecqnet.org

ALL FIELDS ARE MANDATORY

Participant Name:

_____ (first) (middle int.) (last)

Participant Birthday

____/____/____ (MM) (DD) (YYYY)

Participant E-mail:

Agency/School:

Street:

City: _____ Zip: _____

County: _____ Phone (W): _____

Fax (W): _____ Phone (H): _____

Program Type (check all that apply):

- PSSE ECE ELI Even Start
 Kindergarten Step Up to Quality - # of Stars: _____
 Child Care Head Start Family Child Care
 Other (specify): _____

Position (check all that apply):

- Administrator Early Intervention Specialist
 Director Coord/Specialist/Super. Principal
 Teacher (specify): _____
 Teacher Assistant (specify): _____

Highest Level of Schooling:

- High School CDA Some College Associates
 Bachelors Masters Doctorate

Example for signing up for modules:

Module #	Module ID	City	Start & End Dates
1	M1C1	Columbus	08/04/07 & 09/18/07
IC	ICNW1	Toledo	09/01/07 & 09/29/07
Math	MaNE1	Boardman	10/10/07 & 10/17/07

Select Module(s) - Please PRINT your choice(s) below:

Module # Module ID City Start & End Dates

Credit Options:

Information is sent to you based on your choice(s).

- Graduate or undergraduate credit:
(a list of participating colleges and universities will be sent)
 Continuing Education Units (CEUs)
(a form outlining number of CEUs available will be sent)