

**Destiny Early Childhood
Consulting & Developmental Services, LLC.**

**P.O. Box 282
Hamburg, NJ. 07419**

Office: (973) 867-8407

email: consult@destinyearlychildhood.org

Professional development training

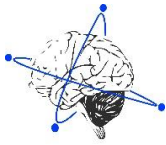
- | | |
|---|--|
| <input type="checkbox"/> Creative expression | <input type="checkbox"/> Curriculum & lesson planning |
| <input type="checkbox"/> Understanding & redirecting challenging behavior | <input type="checkbox"/> Observation, recording & individualized facilitation |
| <input type="checkbox"/> Creating a culturally responsive classroom | <input type="checkbox"/> Aligning theory and classroom practices: Developmentally appropriate practice |
| <input type="checkbox"/> Early Experiences matter | <input type="checkbox"/> Risk and protective factors: The child-centered approach |
| <input type="checkbox"/> The learning environment | <input type="checkbox"/> Safe, healthy, nutrition: Promoting child wellness |
| <input type="checkbox"/> NJ Administrators' Credential Program | <input type="checkbox"/> Child Development Associate Credential (CDA) |

Professional development training meet the NJ Core Knowledge and Competency requirements for:

- Child growth and development
- Family and community relations
- Learning environment and curriculum
- Child assessment
- Serving diverse populations
- Professionalism and leadership
- Program organization and management

******* Registration is required *******

Early childhood experiences cause structural changes in the brain



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Workshop registration form

Name of Registrant (as it will appear on the nametag) **(please print)**

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

.....

School/Program

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Position: _____

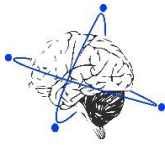
Language spoken: _____

Type of Program: () Head Start () Private Child Care Center

() Family Child Care () Other: _____

Name of workshop(s):

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Number of participants: _____ (10 participants required)

On-site location at program: ____ Yes

If yes to please provide site name and address for trainer:

Program name: _____

Contact person: _____

Address: _____

Phone number: _____

*******Registration fees must be included*******

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