

About you . . .

NAME:

PROGRAM:

ADDRESS:

CITY/STATE/ZIP:

PHONE (home): (work)

E-MAIL:

I have previously facilitated early childhood training/workshops (type YES or NO):

If YES, please describe the extent of your experience:

I am interested in (type YES or NO before each of the following options):

15 hours of Montana-approved Training (no charge)

1 academic credit from The University of Montana (UM fee = \$135); you will receive a credit application within two weeks of the start of the course.

I require special accommodations to participate in this course (type YES or NO):

If YES, please describe:

About the course . . .

TYPE YES or NO before each of the following statements:

I can devote 2 – 3 hours per lesson to completing course learning activities (16 lessons total).

I am prepared to implement learning activities in 6 – 12 scheduled training sessions/workshops during the course.

I am a Montana resident. All but \$25 of the course fee is waived for Montana residents. If you are NOT a Montana resident, the course fee is \$275.

What do YOU think . . .

Please describe what motivated you to apply for this course:

Please print and mail the completed registration form and a check for \$25 (or \$275) to Early Childhood Project, Montana State University, PO Box 173540, Bozeman, MT 59717-3540 by **January 1 for Spring Semester or August 1 for Fall Semester**. The workbook and text will be mailed to the address on this form.