

# Preschool/Early Childhood 2010 Workshops

**LRC Central, 2351 US Highway 130 South, PO Box 1012, Dayton, NJ 08810**  
 (732)-274-5570-Phone (732)-274-5582-Fax

### REGISTRATION INFORMATION

Please complete and return ENTIRE FORM to: **LRC-Central Preschool Workshops, PO Box 1012, Dayton, NJ 08810** with registration fee. (Check or Purchase Order payable to Treasurer, State of NJ). There is no on-site registration. We cannot accept phone registrations. Because registration is limited and determined on a **first-come, first-served basis**, we recommend that you **register early. Confirmations will be sent by E-mail so please be sure to include your E-mail address. If you have not received a confirmation email please call Judi Nelson at 732-274-5570.** Cancellation of registration must be made at least one week before workshop date in order to ensure return of registration fee. Registration fee for full day workshops includes: lunch and materials. **We will not be able to provide breakfast, but please feel free to bring your own morning refreshments.** Sign-in is between 9:00-9:30 AM.  
**ONLY REGISTRANTS WHO HAVE BEEN CONFIRMED WILL BE ADMITTED.**

**Please check workshop(s) you wish to attend:**

	<u>WORKSHOP TITLES</u>	<u>DATES</u>	<u>FEE PER PERSON</u>	<u>TIME</u>
___1.	Transitioning Preschoolers with Disabilities to General Education Kindergarten Programs	02/17/10	\$7.25	9:30-3:00
___2.	Developing Meaningful IEPs for Preschoolers with Disabilities in General Education Programs	03/02/10	\$7.25	9:30-3:00
___3.	Decision Making in the IEP Process: Focus on the Least Restrictive Environment (Ages 3-5)	03/26/10	\$7.25	9:30-3:00
___4.	Effective Use of Teachers Aide Supports in the Inclusive Preschool Classroom <b>TEAMS</b>	04/16/10*	\$7.25	9:30-3:00

**Total enclosed:** \_\_\_\_\_

\*NOTE: For workshop #4 please include team registrations together in one envelope.

**PLEASE NOTE: We anticipate that LRC-Central will be moving to the Trenton area in December of 2009. We will notify workshop registrants of our change of address once we have relocated.**

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**Registration form must be accompanied by a check or purchase order or it will be returned.**

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For directions go to [www.nj.gov/education/lrc](http://www.nj.gov/education/lrc)

**Name** \_\_\_\_\_

**Home address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ **Phone (W)** \_\_\_\_\_

**District** \_\_\_\_\_ **County** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

(Confirmations will be sent by E-mail so please include your email address and please print clearly.)

**Special assistance required** \_\_\_\_\_

(e.g. Interpreter for the hearing impaired - 3 weeks notice)

**Position:** \_\_\_ **Special education teacher**      \_\_\_ **Related services personnel**      \_\_\_ **Other** \_\_\_\_\_  
 \_\_\_ **General education teacher**      \_\_\_ **CST member**  
 \_\_\_ **Administrator**      \_\_\_ **Parent**

**Check #** \_\_\_\_\_ **PO #** \_\_\_\_\_