

## New Team Members

The ECCDC is offering these catch-up sessions for any new team member as the initial roll-out was completed in December 2017.

## Expectations

As a participant in the QCCN Reflective Practice Institute, each participant will commit to:

- engaging with their team in conversation about *How Does Learning Happen? Ontario's Pedagogy for the Early Years* and other Ontario Frameworks prior to the session (copies may be accessed online at [www.edu.gov.on.ca/childcare/HowLearningHappens.pdf](http://www.edu.gov.on.ca/childcare/HowLearningHappens.pdf) or hard copies are available at the ECCDC);
- attending all dates of the Institute they registered for; and
- participating in a training evaluation at the end of the Institute as well as a post-evaluation at a later time.

## Certificates

A certificate for each staff member will be given out upon completion of the Institute. The centre will be provided with a certificate of completion at an upcoming support visit.

## Registration

Each child care supervisor is asked to complete the attached registration page documenting their chosen Institute and listing all staff names and personal emails.

### Full Day Institute

Saturday October 27 and  
Saturday November 24, 2018  
8:30 a.m. to 4:30 p.m.

### School Age Weekday Institute

Wednesday October 10,  
Wednesday November 7,  
and Wednesday December 5, 2018  
9:30 a.m. to 2:30 p.m.

(Please note you are signing up your team member for 1 Institute which includes 2 Saturdays or for school age 3 weekdays.)

**1. Program Information** (please print)

Program Name \_\_\_\_\_

Organization \_\_\_\_\_

Address (including postal code) \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**2. Institute Choice**

Date \_\_\_\_\_

Supervisors are asked to consult with their team prior to selecting the date option to ensure the date works collectively for team members.

**3. Staff Information** (please print staff name and personal email)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

**4. Registration Procedures**

- Please be sure to submit completed registration form to the ECCDC a minimum of 2 weeks prior to each Institute Date.
- Email confirmation will be sent to you to confirm date choice and staff names
- Return form to ECCDC scanned and emailed: [eccdc@eccdc.org](mailto:eccdc@eccdc.org), online: [www.eccdc.org](http://www.eccdc.org), in person: 3340 Schmon Parkway, Thorold, or fax: 905.646.2692