

**Montelores Early Childhood Council**  
**EQIT Information and Registration**  
**Fall 2016 Course**

**Requirements:**

*Completed* registration form.

Director's signature acknowledging participation in the EQIT course for center-based participants.

Attendance at mandatory orientation luncheon and completion of work for all training sessions.

Priority will be given to those providing infant-toddler care in Montezuma and Dolores counties.

**Information About the Training:**

48 hours of training, a one-hour orientation, and from 2 - 6 coaching sessions will be provided.

Training materials and a coaching journal will be provided.

A final certificate documenting the completion of 48 hours of state-approved training will be awarded to those who fulfill all the CDE requirements.

Those who receive a CDE EQIT certificate will be recognized on MECC's website and at the Early Childhood Appreciation Dinner.

**Information About the Orientation Luncheon:**

On the first day of the EQ course, immediately following the completion of Module 1 (from 9 AM to Noon), there will be a mandatory orientation from noon until 1p.m. Lunch will be provided. The agenda will include:

Overview of the materials.

Class expectations including punctuality, attendance, and makeup homework.

Coaching description, agreements, and challenges.

College credit.

At 1p.m. we will begin Module 2. For all other class sessions, you are free during the lunch hour.

**Submitting Your Registration Form:**

You can complete your registration form by hand or online, sign, and mail it to:

Mary Dodd

MECC

P.O. Box 1725

Cortez, CO 81321

Or you can drop it by:

925 S. Broadway #212 (The Johnson Building)

Or you can ask your director to deliver it to Mary.

Contact Mary with any questions you have:

(970) 564-3211

[maryd@monteloresecc.org](mailto:maryd@monteloresecc.org)

Montelores Early Childhood Council  
EQIT Registration Fall 2016

Please print clearly.

_____	_____	_____
Legal First Name	Legal Last Name	Name You Prefer to be Called
_____		
Home Street Address	City	Zip Code
_____		
Cell Phone	Home Phone	Work Phone
_____		
Place of Work	Director's Name	
_____		
Position	Days and Times You Work	
_____		
email address		

**Please tell us about your classroom. How many:**

Infants (birth - 12 mo.): \_\_ Young toddlers (13 - 24 mo.): \_ Older toddlers (25 - 36 mo.): \_\_  
Preschoolers (36+ mo.): \_\_

**List other coaching support you have received or are receiving:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Director Support Agreement:**

I, \_\_\_\_\_, give my support for the employee named on this registration form to participate in the EQIT program, which will require attendance at 8 day-long sessions beginning the first Friday in October and continuing until the Friday before Thanksgiving. I understand the employee will receive several sessions of on-site coaching and agree to allow the employee to meet with the coach briefly after each session during working hours. A separate coaching agreement will be signed by all parties.

\_\_\_\_\_  
Director's Signature Date

**Registrant Participation Agreement:**

I, \_\_\_\_\_, agree to attend all sessions of the Fall 2016 EQIT training program, including the orientation luncheon, and to complete all assignments to the best of my ability.

\_\_\_\_\_  
Registrant's Signature Date