

Registration Information

How to Register

Registration can be completed online, by mail, or fax. Register early! Registration is completed on a first-come, first-served basis. Registration will not be taken over the phone.

Online: If you are registering online, go to www.lesley.edu/earlychildhoodinstitute and click on "Registration Form." Fill out the required information and submit your form. Mail payment.

Mail: Mail the registration form with payment to the address listed on the form.

Fax: Registration forms may be faxed to 617.349.8125, Attn: Sophia Rice.

Registration Fees

The regular registration fee for the two-day Institute is \$310. The one-day registration fee is \$170. If your registration form is postmarked before September 20, or if you are sending three or more attendees from the same organization/institution, the two-day fee is \$295 per person. The registration fee includes a buffet lunch on each day of the Institute. REGISTRATION IS FOR TWO DAYS AND CANNOT BE SPLIT BETWEEN TWO PEOPLE.

Course Credit Option

If you wish to enroll in the Institute course for 1 or 3 University credits, you MUST pay the two-day Institute fee of \$295/\$310, plus an additional \$210 per credit and a \$30 course registration fee. Course credit participants must attend a meeting with the instructor from 3:00 pm – 4:00 pm on Wednesday, November 2, 2005.

Methods of Payment

Participants may pay by check or money order, credit card (MasterCard, Visa, American Express or Discover), or with an original purchase order payable to the Early Childhood Institute.

Purchase Order Policy

Institute registrations that are paid by a purchase order must include on the registration form the purchase order number, the name of the conference, the name of the registrant, and the name of the issuing school system or agency. The original with authorized signature must be included with the registration form. Please retain a copy of the purchase order for your records.

Confirmation Letters

A confirmation letter, which lists the sessions you are registered for, will be sent upon receipt of completed registration form and payment or purchase order. If you do not receive a confirmation letter 30 days after you mail your materials, please call to verify your registration. We will not send any confirmation letters after Tuesday, October 25, 2005.

Registration Information

Cancellation/Refund Policy

Refund requests received before October 18 will be honored with a \$50 administrative processing fee deducted from the refund. Requests must be made in writing via email to Sophia Bishop-Rice, Program Manager, Center for Children, Families and Public Policy at srice@lesley.edu. Refund requests received after October 18, 2005 cannot be honored. Registration fees received after October 18, 2005 are non-refundable. The refund policy is the same for prepaid and purchase order registrations. If at the last minute you are unable to attend, we suggest you send a colleague in your place.

Institute Evaluations

At the end of each day of the Institute, please take time to complete the Institute Evaluation Form that can be found in your Institute Welcome Packet. After filling out and turning in your evaluation form you will be issued your Certificate of Attendance.

If you have any questions about the above procedures, please call the Early Childhood Institute office at 617.349.8924 or toll free 800.999.1959 ext. 8924.



Registration Form

You may register online at www.lesley.edu/earlychildhoodinstitute or by mail. If using this registration form, please print or type, completing all sections on the following pages. Registration forms without payment will not be processed. Incomplete registrations will not be processed. Please make a copy for your records.

Complete one form per registrant. This form may be photocopied.

Last Name	First Name	MI
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Preferred Mailing Address

City	State	Zip
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(Is this your billing address) yes no If not, please print billing address

Billing Address

City	State	Zip
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Work Phone	Home Phone
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School District

Email Address

Check here if you would like to receive email notices about offerings through the Center for Children, Families and Public Policy.

Role: (please check one)

- Administrator
- Teacher
- Paraprofessional
- Health educator
- Other _____

Specialization: (please check all that apply)

- Preschool/Childcare
- Kindergarten
- Grades 1–2
- After School
- Other _____

Check here if you are a Lesley graduate.

Check here if you are a current Lesley full-time student.

Please list any food allergies: _____

Registration Form

How did you hear about the Institute?

- | | |
|---|---|
| <input type="checkbox"/> Brochure in the mail | <input type="checkbox"/> School administrator |
| <input type="checkbox"/> Lesley website | <input type="checkbox"/> Email blasts |
| <input type="checkbox"/> Listserv announcement | <input type="checkbox"/> Friend/colleague |
| <input type="checkbox"/> Lesley course catalog | <input type="checkbox"/> Lesley Open House |
| <input type="checkbox"/> Education Week advertisement | |
| <input type="checkbox"/> Other: _____ | |

Workshop Choices:

Please check the boxes below to indicate your preferred workshop choices. We recommend that you follow one strand for both days of the Institute.

Session A (Tuesday, November 1, 1:00 pm – 2:30 pm)

Literacy/Numeracy			The Arts		
Session Code	1st Choice	2nd Choice	Session Code	1st Choice	2nd Choice
LN01	<input type="checkbox"/>	<input type="checkbox"/>	AR01	<input type="checkbox"/>	<input type="checkbox"/>
LN02	<input type="checkbox"/>	<input type="checkbox"/>	AR02	<input type="checkbox"/>	<input type="checkbox"/>
Social/Emotional Inclusion			Health and Nutrition		
Session Code	1st Choice	2nd Choice	Session Code	1st Choice	2nd Choice
SE01	<input type="checkbox"/>	<input type="checkbox"/>	HL01	<input type="checkbox"/>	<input type="checkbox"/>
SE02	<input type="checkbox"/>	<input type="checkbox"/>	HL02	<input type="checkbox"/>	<input type="checkbox"/>

Session B (Tuesday, November 1, 3:00 pm – 4:30 pm)

Literacy/Numeracy			The Arts		
Session Code	1st Choice	2nd Choice	Session Code	1st Choice	2nd Choice
LN03	<input type="checkbox"/>	<input type="checkbox"/>	AR03	<input type="checkbox"/>	<input type="checkbox"/>
LN04	<input type="checkbox"/>	<input type="checkbox"/>	AR04	<input type="checkbox"/>	<input type="checkbox"/>
Social/Emotional Inclusion			Health and Nutrition		
Session Code	1st Choice	2nd Choice	Session Code	1st Choice	2nd Choice
SE03	<input type="checkbox"/>	<input type="checkbox"/>	HL03	<input type="checkbox"/>	<input type="checkbox"/>
SE04	<input type="checkbox"/>	<input type="checkbox"/>	HL04	<input type="checkbox"/>	<input type="checkbox"/>

Session C (Wednesday, November 2, 11:00 am – 12:30 pm)

Literacy/Numeracy			The Arts		
Session Code	1st Choice	2nd Choice	Session Code	1st Choice	2nd Choice
LN05	<input type="checkbox"/>	<input type="checkbox"/>	AR05	<input type="checkbox"/>	<input type="checkbox"/>
LN06	<input type="checkbox"/>	<input type="checkbox"/>	AR06	<input type="checkbox"/>	<input type="checkbox"/>
LN07	<input type="checkbox"/>	<input type="checkbox"/>			
Social/Emotional Inclusion			Health and Nutrition		
Session Code	1st Choice	2nd Choice	Session Code	1st Choice	2nd Choice
SE05	<input type="checkbox"/>	<input type="checkbox"/>	HL05	<input type="checkbox"/>	<input type="checkbox"/>
SE06	<input type="checkbox"/>	<input type="checkbox"/>	HL06	<input type="checkbox"/>	<input type="checkbox"/>

Registration Form

Registration Fees:	Cost	Subtotal
Non-credit, Regular Two-Day Rate	\$310	_____
Non-credit, Early Bird Two-Day Rate (postmarked by September 20, 2005)	\$295	_____
Non-credit, Group Rate (three or more from the same school system)	\$295	_____
Non-credit, Lesley University Alumni Rate	\$279	_____
Non-credit, Full-time Student Rate (College/ID # _____)	\$160	_____

To enroll in course credit, please ADD one of the following amounts to your Two-Day Institute Rate.

One University Credit (includes \$30 course registration fee)	\$240	_____
Two University Credits (includes \$30 course registration fee)	\$450	_____
Three University Credits (includes \$30 course registration fee)	\$660	_____
	Total:	_____

Method of Payment:

Please check one:

- Check:** Make check payable to Early Childhood Institute
- Purchase Order** (original must be attached):

P.O. # _____ P.O. Issuing Agency _____

- Credit Card:** American Express Discover MasterCard Visa

Number	Expiration Date	Signature
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Mail the completed registration form with payment to:

Early Childhood Institute
Lesley University
29 Everett Street
Cambridge, MA 02138

For office use only:

Date Received	Amount Paid
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School Check #	Personal Check #	CC#
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P.O.#	School/Agency	Date Processed	Processed by
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