

KET Order Form

Ship to: _____

Day Care Center Name: _____ Day Care Telephone: () _____

Day Care Center Address (no P. O. boxes, please): _____ City: _____

State: _____ County: _____ Zip: _____ E-Mail Address: _____

Registered Provider Certified Home Licensed Home Licensed Center

| Title | Credit Hours | Number Enrolling | Cost Per Person | Subtotal |
|--|--------------|------------------|-----------------|----------|
| Child Development on KET1 | | | | |
| A Place of Our Own: Activities • July 7 | 1 | _____ | \$ 5.00 | \$ _____ |
| A Place of Our Own: Behavior • July 14-28 | 3 | _____ | \$12.00 | \$ _____ |
| A Place of Our Own: Social/Emotional Development of Preschoolers • Aug 4-Sept 15 | 6 | _____ | \$24.00 | \$ _____ |
| A Place of Our Own: Academic Skills • Sept 22-Dec 8 | 12 | _____ | \$36.00 | \$ _____ |
| A Place of Our Own: Health Issues in Early Childhood • Dec 15-29 | 3 | _____ | \$12.00 | \$ _____ |
| Local Library Programs | | | | |
| After School Programs - MS | 3 | _____ | \$15.00 | \$ _____ |
| A Place of Our Own: Behaviors & Emotions | 3 | _____ | \$12.00 | \$ _____ |
| A Place of Our Own: Early Academics | 3 | _____ | \$12.00 | \$ _____ |
| A Place of Our Own: The Power of Play | 3 | _____ | \$12.00 | \$ _____ |
| Authentic Assessment | 3 | _____ | \$12.00 | \$ _____ |
| Childhood Trauma | 4 | _____ | \$16.00 | \$ _____ |
| Emergent Literacy | 3 | _____ | \$12.00 | \$ _____ |
| Families of the World | 9 | _____ | \$27.00 | \$ _____ |
| Guidance & Discipline | 3 | _____ | \$12.00 | \$ _____ |
| Guiding Children Successfully | 12 | _____ | \$36.00 | \$ _____ |
| Infant & Toddler Care - MS | 3 | _____ | \$15.00 | \$ _____ |
| Middle Childhood | 2 | _____ | \$10.00 | \$ _____ |
| Music in Early Childhood | 3 | _____ | \$12.00 | \$ _____ |
| The Path to Math in Early Childhood Education | 3 | _____ | \$12.00 | \$ _____ |
| Reading Rockets: Launching Young Readers | 4 | _____ | \$16.00 | \$ _____ |
| Study of the Child | 2 | _____ | \$10.00 | \$ _____ |
| Science Anytime, Anyplace | 3 | _____ | \$12.00 | \$ _____ |
| Tools for Teaching Developmentally Appropriate Practice | 3 | _____ | \$15.00 | \$ _____ |
| Visual Arts | 2 | _____ | \$10.00 | \$ _____ |
| Training on Video Coursework | | | | |
| About Autism | 2 | _____ | \$10.00 | \$ _____ |
| After-School Care | 2 | _____ | \$10.00 | \$ _____ |
| Ages 0-3 Kids Health Call-ins | 4 | _____ | \$10.00 | \$ _____ |
| Art to Heart | 6 | _____ | \$24.00 | \$ _____ |
| Director's Workshop | 3 | _____ | \$10.00 | \$ _____ |
| Family Child Care Training | 3 | _____ | \$10.00 | \$ _____ |
| Fostering Early Literacy | 2 | _____ | \$10.00 | \$ _____ |
| How to Talk So Kids Will Listen | 3 | _____ | \$10.00 | \$ _____ |
| Kid's Health Call-ins | 3 | _____ | \$10.00 | \$ _____ |
| Promise Not to Tell? | 1 | _____ | \$ 5.00 | \$ _____ |
| Promoting Positive Behavior | 3 | _____ | \$10.00 | \$ _____ |
| Ready to Learn | 1 | _____ | \$ 5.00 | \$ _____ |
| Safety Issues & Prevention Strategies | 2 | _____ | \$10.00 | \$ _____ |
| School-age Child Care | 3 | _____ | \$10.00 | \$ _____ |
| Time Out for Parents | 1 - 12 | _____ | \$15.00 | \$ _____ |

* Enrollment TOTAL: _____

Order TOTAL: \$ _____

* Fill out page 11

For more information: 859-258-7278

Participant Information Form

Please fill out the form below for all enrolled participants in each program. This information is utilized for ECE-TRIS data entry. If you have questions about the system, please contact ECE-TRIS staff at 859-622-8811 or by email at ecetris@eku.edu.

Please return with the order form on pages 9 and 10 to:

KET
Early Childhood Development
600 Cooper Drive
Lexington, KY 40502 - 2296



| Program Title | First Name | Last Name | Date of Birth | Last 4 digits of SS# |
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