

# Diversity and the Young Child

**Tuesday & Wednesday, August 18 & 19, 2009**  
**Held at Oakland County Child Care Council**  
**550 Hulet Drive, Suite 101**  
**Bloomfield Hills, MI 48302**  
**Northeast of Franklin Road and Square Lake**  
**9:00 AM - 3:00 PM**

These two days will focus on relevant practices that support diverse cultures and learners in programs for children birth - five years of age. Participants will learn about theories and strategies to help children, families and teachers understand and work towards a supportive and positive climate for all culture and learning styles.

**Day One** 08/18/09 will cover *Understanding Issues of Diversity in Preschool Programs*. Participants will examine personal belief systems, communicating with diverse families and challenges to supportive communication.

**Day Two** 08/19/09 will cover *Supporting Diverse Learning Styles in Early Childhood Classrooms*. Participants will leave with an understanding of diverse learning styles and learning practices. We will also learn how to recognize individual cultures and explore our own cultural scripts.

## Presenters:

- Chris Boisvert, Preschool Consultant, Oakland Schools
- Jennifer O'Connor, Behavior Consultant, Oakland Schools
- Lydia Moore, Special Education Birth to Five, Oakland Schools

## Audience:

Preschool and Infant/Toddler Staff

0.5 SBCEUs pending per day at  
\$5.00 per day.

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## Four convenient ways to register (please print clearly):

**Online** [www.oakland.k12.mi.us](http://www.oakland.k12.mi.us), click on "Register Online" and locate your class

**Email** [emregistration@oakland.k12.mi.us](mailto:emregistration@oakland.k12.mi.us) (include all registration information)

**Mail** Oakland Schools, Event Management, 2111 Pontiac Lake Rd., Waterford, MI 48328-2736

**Fax** 248.209.2021

Please print clearly. A confirmation letter will be **emailed** upon receipt of this registration form and fee. Payments can be made by check, purchase order or credit card and payable to Oakland Schools.

## Your Information

Name \_\_\_\_\_

District \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_

Work # \_\_\_\_\_

Home Address \_\_\_\_\_

Home City/State/Zip \_\_\_\_\_

Home # \_\_\_\_\_

Preferred Email \_\_\_\_\_

*(Print clearly, you will be contacted with this email address)*

## Payment Information

Cost \$25.00 per day for in county or \$30.00 per day for out of county.

PO # \_\_\_\_\_ Ck # \_\_\_\_\_  MasterCard  VISA

Amount Enclosed \_\_\_\_\_ Please Choose  
 08/18/09  08/19/09

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Cardholder City/State/Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_