

Director's Leadership Forum

Each class will cover a different topic

Held the first Tuesday of the month

Administration, Management & Leadership

2009 Schedule

February 3

March 3

April 7

May 5

August 4

September 8

October 6

November 3

December 1

Time

9:00 - 11:30 am

Cost

\$20 per person

\$30 at the door/person
(space permitting)

Earn

2.5 Clock Hours

Or .25 CEUs

Location

Camp Fire USA
2700 Meacham Blvd.
Fort Worth, TX 76137

Feb 3 - Re-Directing Staff Without Hurting Feelings

by: Lyn Lucas, Early Childhood Consultant

March 3 - Who is in Charge?

by: Denetra Adams, Licensing

April 7 - Mediation in the Workplace

by: DeVonna Powell, Camp Fire

May 5 - Countering Center Gossip

by Barb Reid, Camp Fire

August 4 - Personnel Policies:

The Foundation for Staffing Solutions

by: Ranelle Livingston, Resource Team Consulting

September 8 - Being An Effective Manager and Still

Sleeping at Night

by: Carolyn Middleton, Eastfield College

October 6 - Quality Begins at the Top:

Staff Guidance & Supervision

By: Ranelle Livingston, Resource Team Consulting

November 3 - Planning Successful Meetings

by: Barb Reid, Camp Fire

December 1 - Building Effective Communication in the Workplace

by: Teresa Obert, CFLE

Creative Solutions



Registration Form



1. Copy this form as needed, **1 form per training event**, and return completed form and registration fees to:

Camp Fire USA
Creative Training Solutions, Attn: Registrar
2700 Meacham Blvd.
Fort Worth, TX 76137

- 2. Or you may fax this form, along with your credit card information to: (817) 831-5070
- 3. Space is limited - first come, first served! You may call our office to confirm your registration.
- 4. Please include a check or money order payable to Camp Fire USA. We are unable to accept cash.
- 5. **Discounts do not apply to ECMI, CDA or Spanish training. Discounts for these classes have already been applied and are supported by Camp Fire USA and United Way of Tarrant County.**
- 6. No refunds will be given, but substitutions are allowed.

Please Print or Type

Child Care Facility Name _____ Phone () _____

Address (including zip code) _____

_____ e-mail _____

In Which County is Your Program Located?: _____

Is your child care facility a: registered/licensed family home center other

Training Event Title: _____

Training Date: _____

Participant Names (attach more names as needed)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

CEUs Available
Purchase CEUs?
(Add \$5 per person)

Yes No

Yes No

Yes No

Yes No

Yes No

Amount Enclosed _____

Check or Money Order # _____

Credit Card Information

MasterCard Visa American Express

Card Number: _____ Expiration Date: _____

Name on Credit Card (print): _____

Signature of Cardholder: _____ Phone Number of Card Holder: _____