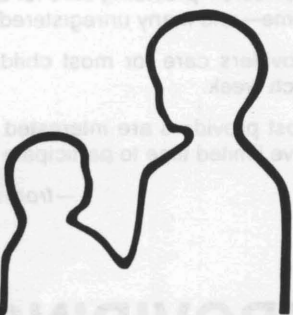


Texas Agricultural Extension Service

People Helping People

Child Care



A Family Day Home Care Provider Program

In cooperation with
Texas Department of Human Services and the
Corporate Child Development Fund for Texas

UNDERSTANDING *your needs—*

Texas has over 18,000 registered family day home care providers—providing care for children in the individual's home—and many unregistered providers.

Providers care for most children more than 34 hours each week.

Most providers are interested in receiving training but have limited time to participate in programs.

—from a 1984 Texas A&M Study

PROVIDING *for your benefit—*

- A self-instructional program, which includes an informative manual and videotapes.
- Professional advice on how to increase skills for child development and guidance, good nutrition, health, safety and business management.
- The program can be used in your own home at your own pace.
- The program will be available in our county in the months of _____.

SEEKING *your participation—*

- Contact your County Extension Agent by phone or mail immediately.
- She will send you details about how to:
 - Order the independent study (\$20)
 - Schedule for viewing videotapes for a two week period.

RECOGNIZING *your achievement—*

- Through a certificate of program completion for providers who complete and return the study record.
- By the awarding of Continuing Education Units to qualifying participants, through Texas A&M University's Office of Professional Development. To receive CEU's:
 - Complete a provider study record form.
 - Take a test after studying the program.
 - Score at least 70 on the test.
 - If notified that you have qualified, send the completed application form and a \$5 administration fee.

For more information contact -

Date Mailed _____

**Registration Interest Form
The Family Day Home Care Provider Program**

Name _____ Telephone _____

Address _____ (Desired number to be reached with program information.)

City _____ State _____ Zip _____

Are you a Registered Provider? _____ Yes _____ No Licensed Provider _____ Yes _____ No

Employer _____ Position _____ Address _____

Do you have access to a video recorder? _____ Yes _____ No

Are you interested in receiving Continuing Education Units? _____ Yes _____ No

If Yes: SS Number _____ Birth Date (Month-Date-Year) _____

Highest Grade or Degree Completed _____

Return this form before _____ to the County Extension Agent-Home Economics.

