

OFFICE OF HEAD START 2<sup>ND</sup> NATIONAL  
BIRTH TO FIVE LEADERSHIP INSTITUTE  
*DATA DRIVEN LEADERSHIP: YOUR ROLE IN SCHOOL READINESS*

APRIL 28-30, 2013

GAYLORD NATIONAL HOTEL AND CONVENTION CENTER  
NATIONAL HARBOR, MARYLAND



Registration Form



**Registration & Hotel Deadline: *Friday, April 12, 2013***

*Three Easy Ways to Register*

- (1) **Online** at <http://www.certain.com/system/profile/form/index.cfm?PKformID=0x1433950c7f0>.  
*You will receive immediate email confirmation.*
- (2) **Fax** the completed form to 703-243-0496. Attn: Head Start Leadership Institute.
- (3) **Mail** the completed form to: Head Start Resource Center, 1000 Wilson Boulevard, Suite 1000, Arlington, VA 22209 Attn: Head Start Leadership Institute.

\*\*\*\*\*

Please complete a separate form for each person attending. All information is required. There is no registration fee to attend but participants must pay for their own travel, hotel, and meals. Breakfast, lunch, coffee service or breaks will not be provided during the Institute. Please note that space is limited. Registration is on a first-come-first-serve basis and will be closed once capacity is reached.

---

Participant Name (First, Last) *(Please print clearly)* Title

---

Agency/Organization Name Region (I-XII)

---

Agency/Organization Street Address

---

City State ZIP

---

Work Phone Email

*Note: Substitutions may be made online through April 12. Onsite substitutions also will be accepted.*

**Please answer all questions that apply.**

**1.(a). I am a/an (please check one that best applies):**

- |  |   |
|--|---|
| <input type="checkbox"/> Federal Staff                               | <input type="checkbox"/> Parent member of Policy Council  |
| <input type="checkbox"/> Director                                    | <input type="checkbox"/> Governing Board Member (such as representative of Tribal Council, school board, community partner) |
| <input type="checkbox"/> Assistant Director/Area Manager             | <input type="checkbox"/> T/TA   |
| <input type="checkbox"/> Education Manager/Coordinator               | <input type="checkbox"/> National, Regional, and State HSA leader   |
| <input type="checkbox"/> Center Director/Supervisor                  | <input type="checkbox"/> Representative of school system or local education Agency  |
| <input type="checkbox"/> Fiscal/Operations/Data Manager              | <input type="checkbox"/> Other (specify)  |
| <input type="checkbox"/> Health/Mental Health Manager                | _____   |
| <input type="checkbox"/> Disabilities Manager                        |   |
| <input type="checkbox"/> Transportation Manager                      |   |
| <input type="checkbox"/> Family Services Manager                     |   |
| <input type="checkbox"/> Teacher                                     |   |
| <input type="checkbox"/> Home Visitor                                |   |
| <input type="checkbox"/> Parent member of Parent or Center Committee |   |

**1.(b). If you have a combined position, please specify your secondary position.** \_\_\_\_\_

**2. If you work in a Head Start program, check the box that best describes it. If you do not work in a Head Start program, please select N/A.**

- Early Head Start only (infants and toddlers)
- Head Start only (3-5 year olds)
- Combined Head Start/Early Head Start
- MSHS
- AIAN Early Head Start only (infants and toddlers)
- AIAN Head Start (3-5 year olds)
- AIAN Combined Head Start/Early Head Start
- Other (specify) \_\_\_\_\_
- N/A

**3. Are you a Mentor-Coach?**

- Yes
- No

**4. Please indicate how long you have been in your current position.**

- Less than one year
- 1-3 years
- 4-10 years
- 11-20 years
- More than 20 years

**5. What type of session do you plan to attend on Sunday?**

\* Note: The Institute opens to all participants on Sunday, April 28. On Sunday, the Institute will offer full-day seminars designed for specific audiences: program directors, health managers, disabilities managers, family service managers, and education managers. In addition, there will be half day sessions on a variety of topics. Presenters will primarily be the National Centers.

- I plan to attend on Sunday:
  - Full day seminar [8:30am – 4:00pm]
  - Half day sessions [8:30am – noon and 1:30pm – 4:00pm]
- I do not plan to attend on Sunday.

**6. Please indicate if you need any of these services during the Institute:**

- Wheelchair access
- Sign language interpretation
- Spanish interpretation
- Other (specify) \_\_\_\_\_

*Questions? Please contact Gretchen Gunning at 703-908-8860 or [ggunning@pal-tech.com](mailto:ggunning@pal-tech.com)  
Para preguntas en español comuníquese con Wally Núñez 703-247-8329 [wnunez@pal-tech.com](mailto:wnunez@pal-tech.com)*

*LOOK for information and applications for the OHS National Leadership Award on the  
[Early Childhood Learning and Knowledge Center Website](#)*

**Office of Head Start 2<sup>nd</sup> National Birth to Five Leadership Institute**  
***Data Driven Leadership: Your Role in School Readiness***  
**April 28-30, 2013**

*A few of the sessions will be video-taped. Seating out of the camera's "shot" will be provided for participants who opt not to be videotaped.*

**MEDIA RELEASE FORM**

*Privacy rights are very important in the Internet age. Adults need to know how pictures and videos will be used so they can make informed decisions. Please read this form carefully. If you understand and agree, fill in the requested information, sign your full name and include the date.*

- I AGREE** to give permission to the producer and to the agency the producer represents to use my image. The image may be a photograph or a video clip. Note: The producer is the person who records the image such as a photographer or videographer.

When I sign this form, the producer and the agency he or she represents will become the only owners of the image. I give up any rights to the image in the photograph or the video.

The producer/agency may use the image for any non-commercial products or services for educational, promotional, advertising, and marketing purposes. It may not be sold.

The producer/agency may change the image, use it in whole, or as parts. They can use the image together with other images, graphics, sound, and text.

The image may appear publicly: it can be seen by any number of people in the world. It can appear on a web site, in a printed brochure, in a video, or at conferences.

**I will never withdraw this permission.** The producer may use the image without time limit.

- I DO NOT** give permission to be photographed or videotaped.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I am an adult, at least 18 years of age.
- I have all the rights to make and sign such statements for myself.