

Best Start Resource Centre Webinar for Service Providers

Growing Up in a New Land Strategies for Service Providers Working with Young Newcomer Children

Wednesday, November 10th 2010, 7-9 p.m.

Requirements: A telephone line and high-speed internet are required to participate in this webinar. A toll-free number will be provided. Registration is limited to 30.

Workshop Description:

This two-hour workshop is designed for staff who offer services to newcomer children ages 0 to 6 through daycares, schools and settlement programs (early childhood educators, teachers, teaching assistants, etc.)

The objectives of this workshop are to:

- Share research information on the needs of young newcomer children.
- Share program ideas, activities and resources which can help newcomer service providers meet the children's developmental needs.
- Strengthen programming to make it more culturally competent.

The manual *Growing Up in a New Land – Strategies for Working with Newcomer Families* will be sent to all registered participants.

Registration Fee:

This webinar has a registration fee of \$15, which must be paid prior to attending.

Presented by:

Saleha Bismilla, RN, BScN, MN, Public Health Practitioner with Maternal-Child Experience
Louise Choquette, Bilingual Health Promotion Consultant, Best Start Resource Centre

Best Start Resource Centre

c/o Health Nexus

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Ontario's maternal, newborn and early child development resource centre
 Centre de ressources sur la maternité, les nouveau-nés et le développement des jeunes enfants de l'Ontario

by/par health **nexus** santé

REGISTRATION FORM

Webinar

Growing Up in a New Land

Strategies for Service Providers Working with Young Newcomer Children

Wednesday, November 10th 2010, 7-9 p.m.

Please check www.beststart.org for venue details

Please PRINT clearly.

First Name: _____ Last Name: _____

Position: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Special requirements (e.g. meals, accessibility): _____

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Method of payment

Method of payment: _____ cheque _____ VISA _____ Mastercard

Name of cardholder: _____

Card Number: _____ Expiry date _____

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***Make cheques payable to Health Nexus and send to:
 Health Nexus, c/o Best Start Resource Centre
 180 Dundas Street West, Suite 301***

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FAX: 416-408-2122

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