

Regional Workshop

Growing Up in a New Land

Strategies for Working with Newcomer Families

This half-day workshop is designed for service providers who offer services to newcomer families with children ages 0 to 6 through Ontario Early Years Centres, Healthy Babies Healthy Children, family resource programs, settlement programs and other parenting programs.

The objectives of this workshop are to:

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

Childreach
265 Maitland St., London
Second floor

Monday, October 25th, 2010
12:30 to 4:00 p.m

With lunch and registration starting at 11:30 a.m.

Presented by:

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

Note:

The resource *Growing Up in a New Land – Strategies for Working with Newcomers Families* will be distributed to participants. The \$35 registration fee includes lunch and participant handouts

Register early.
Maximum 50 participants.

Best Start Resource Centre

c/o Health Nexus

180 Dundas Street West, Suite 301

Toronto, Ontario, M5G 1Z8

Phone: 416-408-2249 or 1-800-397-9567, ext. 2336

Fax: 416-408-2122

E-mail: beststart@healthnexus.ca

Website: www.beststart.org

REGISTRATION FORM

Growing Up in a New Land - London

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): _____

Note: The \$35 registration fee includes participant handouts, and lunch. Payment must accompany registration.

Method of payment

Method of payment: _____ cheque _____ VISA _____ Mastercard

Name of cardholder: _____

Card Number: _____ Expiry date _____

Signature of cardholder: _____

***Make cheques payable to Health Nexus and send to:
Health Nexus, c/o Best Start Resource Centre
180 Dundas Street West, Suite 301
Toronto, ON M5G 1Z8
FAX: 416-408-2122***

For administrative inquiries contact:

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