

MULTI-COUNTY EARLY CHILDHOOD CONFERENCE



Saturday, April 29, 2023
Anne Friar Thomas Homemaking Building
501 Martin Luther King Dr.
Cuero, Texas 77954

Registration Fee - \$45.00 (additional fee if paying by credit card)

6 workshop hours which includes CPE's
(Includes refreshments, lunch, information packet, speaker fees, handouts,
door prizes, project materials, mailing and printing.)

Limited to the First 100 paid registrants

Registration is non-refundable, but may be transferred to another participant for **this conference only**.

Registration Deadline—Friday, April 14, 2023

\$55.00 - After Deadline (Meal not guaranteed)

Registration

Please complete online at:

<https://forms.office.com/r/dTc8zpZd8k>



If paying by check make payable to:
Multi-County Child Care Conference
c/o Texas A&M AgriLife Extension Service
255 Svoboda Lane, Suite 134
La Grange, Texas 78945

Hosted County Extension Agents:

Denise Goebel, DeWitt County (361) 275-0816
Jashae Horn, Colorado County, (979)732-2082
Sally Garrett, Fayette County (979)968-5831
Gayle Bludau, Gonzales County (830)672-8531
Natalie Knesek, Lavaca County (361) 798-2221

Program Agenda

- 8:00-8:30 Registration and Light Refreshments
- 8:30 *Welcome*
- 8:40-10:20 *"Here We Go Again! This Kid is Out of Control"*
Amanda Luddeke
- 10:30 - 11:20 *"Broken Crayons . . . Expressing Brokenness Through Art"*
Casie Ehrig
- 11:30--12:20 Lunch
"Museum Walk"
Agents
- 12:30– 1:20 *"Yes! You Can Eat It...Eating In The Real World"*
David Leal
- 1:30—2:20 *"Tips to Help You Cultivate Children and Families
Through Gardening"*
Lisa Whittlesey
- 2:30 Certificates and Evaluations

SPEAKERS

Amanda Luddeke,
Building Kids Steps

Casie Ehrig,
Gonzales ISD Art Therapy

David Leal,
Texas A&M AgriLife Extension—
Healthy Texas Specialist

Lisa Whittlesey,
Texas A&M AgriLife Extension—
JMG Coordinator/Horticulture
Specialist

Center Sharing/"Museum Walk"
County Agentts



PLEASE PRINT	Child Care/Pre-K Provider Conference Registration Form
Child Care Facility/Name _____	
Mailing Address _____	
City, Zip _____ Phone _____	
Email _____	
Provider Name (as you want it to appear on the certificate(s))	Email Address

_____ providers x \$45 = _____ Total: _____

Please indicate any special dietary needs: _____