

**West Virginia**



**Infant/Toddler Professional Development Program**

*2018 Infant/Toddler Summit Application*

*Return to: Joyce Tucker, 350 Capitol St., Room B-18, Charleston 25301*

*Fax: (304) 558-8800*

*Email: Joyce.m.tucker@wv.gov*

Name \_\_\_\_\_ Position \_\_\_\_\_

Center Name \_\_\_\_\_

Center Address \_\_\_\_\_

Center Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Size of Center: Type I \_\_\_\_\_ Type II \_\_\_\_\_ Type 3 \_\_\_\_\_  
(Up to 30 children) (31-60 children) (61 or more children)

Do you participate in the Tiered Reimbursement Program? \_\_\_\_\_

Are you NAEYC Accredited? \_\_\_\_\_

Number of children up to 24 months enrolled? \_\_\_\_\_

Number of children 25 to 35 months enrolled? \_\_\_\_\_

Please indicate how many current staff have attended each training.

WVIT I \_\_\_\_\_ WVIT II \_\_\_\_\_ Great Beginnings \_\_\_\_\_ Infant/Toddler Summit (2015) \_\_\_\_\_

Name(s) of Assistant Director or other Infant/Toddler Staff attending with Director:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Location you are applying for: Charleston Morgantown Martinsburg