

# INFANT CRYING: A TRIGGER FOR CHILD ABUSE

*For parents, caregivers, and professionals who care for or work with infants and young children*

**THURSDAY, JULY 20, 2017 | 6:30 – 8:30 PM**

**TULSA TECH – HEALTH SCIENCES CENTER @ LEMLEY MEMORIAL CAMPUS, ROOM 3117**

Gain information about newborn and infant crying patterns, inconsolable crying (The Period of Purple Crying®), soothing techniques and strategies to prevent Abusive Head Trauma and Shaken Baby Syndrome

*The event is free, but you must register with Tulsa Tech by calling (918) 828-5000 or by completing the attached enrollment form and sending it to [info@tulsatech.edu](mailto:info@tulsatech.edu).*

**Formal Training – .2 CEU's**

## AGENDA:

6:30 – 6:35 pm.....Announcements, Introductions, and Overview

6:35 – 8:20 pm.....Presenter: Mildred Ramsey

8:20 – 8:30 pm.....Audience Questions & Closing Remarks

## CONTACT:

Teresa Berg | [teresa.berg@tulsatech.edu](mailto:teresa.berg@tulsatech.edu)

## SPONSORED BY:



(918) 828-5000



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# ADULT CAREER DEVELOPMENT ENROLLMENT FORM

Name: \_\_\_\_\_  
First MI Last

SS# (Last 5 digits required): \_\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Mo Day Year

**RACE:**

*This information is used for statistical reporting purposes only.*

- (AN) American/Alaska Native
- (AS) Asian
- (BL) Black or African American
- (HP) Hawaiian Pacific Islander
- (WH) White

**ETHNIC:**

- (HIS) Hispanic/Latino
- (NHS) Non-Hispanic/Latino

<b>MILITARY STATUS:</b>
<input type="checkbox"/> None
<input type="checkbox"/> Active
<input type="checkbox"/> Reserve
<input type="checkbox"/> Veteran

**EDUCATIONAL LEVEL:**

- Less than a High School Diploma
- High School Graduate/GED
- Some College
- Technical Diploma/Technology Education
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other \_\_\_\_\_

Course Title	Term	Course#	Sec#	Campus	Date	Time	Day(s)	Tuition	Fees	√
<b>Infant Crying: A Trigger for Child Abuse</b>	<i>Summer</i>	<i>FACS-4087</i>	<i>S160</i>	<i>HSC</i>	<i>7/20</i>	<i>6:30-8:30P</i>	<i>TH</i>	<i>\$0</i>	<i>\$0</i>	

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



### FERPA STUDENT RECORDS RELEASE FORM

It is the policy of **Tulsa Technology Center (Tulsa Tech)**, in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) to withhold personally identifiable information contained in our students' educational records, unless the student has consented to disclosure or FERPA allows disclosure. A description of these rights and the procedure for exercising these rights can be viewed on the District's website, [tulsatech.edu](http://tulsatech.edu) and is available in the office of the Campus Director.

I, \_\_\_\_\_, authorize Tulsa Tech to release the following educational records or information:

1. Check all record types that may be disclosed:

- All financial records
- All enrollment records
- All academic records
- All disciplinary records

2. Identify the individual or organization to whom information may be released and the purpose of the disclosure:

a. Name: The Parent Child Center of Tulsa

Address and Telephone: 1421 S. Boston, Tulsa OK 74119, 918-599-7999

Purpose: \_\_\_\_\_

b. Name: \_\_\_\_\_

Address and Telephone: \_\_\_\_\_

Purpose: \_\_\_\_\_

My signature indicates my consent to release the above information to the individual(s)/organization(s) designated above. I understand that this release remains in effect until a signed revocation is delivered to the administrative office where the release is on file. I also understand that if I am a dependent for tax purposes, Tulsa Tech can disclose such information to parents and legal guardians without my consent.

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_