

INFANT CRYING: A TRIGGER FOR CHILD ABUSE

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

THURSDAY, JUNE 22, 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.

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

SPONSORED BY:



[918] 828-5000



MAKE YOUR OWN PATH



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

MILITARY STATUS:

- ☐ None
- ☐ Active
- ☐ Reserve
- ☐ 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	√
Infant Crying: A Trigger for Child Abuse	Summer	FACS-4087	S160	HSC	6/22	6:30-8:30P	TH	\$0	\$0	

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 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 academic records

☐ All enrollment 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: _____