

Strategies for Surviving While Smiling

REGISTRATION FORM

Full Name: _____

E-mail Address: _____

Home Address: _____

Postal Code: _____

Home Phone: _____

Name of School or Workplace: _____

School/Work Phone: _____

School Fax: _____

Dietary Restrictions: _____

Grade Level or Job Description: _____

Number of Years Experience:

first year

2 years

4 years

1 year

3 years

5 years

Open to the first 25 participants. Applicants will be informed if the workshop is full and will be put on a waitlist and contacted if a spot becomes available.

PETL OCCASIONAL TEACHING COVERAGE APPLICATION FORM

Please complete the following application.

Name:	School Location:	Date of Application:
Dates of Activity: <i>January 30, 2012</i>	Name of Activity: <i>Strategies for Surviving While Smiling</i>	Location of Activity: <i>PETL, Educators' Centre</i>
For this program, members do not need to apply to STPDL or PETL's regular PD fund.		
Funds requested: <b style="font-size: 1.2em;">No cost	Supply teacher requested: (circle one) Yes No *Number of days _____ x \$245.00 = \$ _____ *Portion of full day required for release coverage (e.g. 0.8, 0.3) (circle one): 1.0 - 0.5 - other _____ <i>January 30, 2012</i> to <i>January 30, 2012</i> Use PAM Code 69	
Signature of Member: X	Signature of Principal/Supervisor: X	

INSTRUCTIONS:

1. Member must fill out this application form and submit, along with their Registration Form, to the Peel Elementary Teachers' Local, The Educator's Centre.
2. If accepted to attend Strategies for Surviving While Smiling, the PETL Office will send confirmation along with an approved copy of this PD form to the member. Please inform the PETL Office (905-564-7233) if you no longer plan to attend the program so that a place can be offered to another member.
3. If approved, the member will call in the supply day(s) using PAM Code #69.

The following sections to be completed by the Secretary-Treasurer or Designate.

Number of supply days approved and to be paid to the Board:

_____ days @ \$245.00 = \$ _____

Date Approved _____ / _____ / _____
day / month / year

Signature of Secretary-Treasurer or Designate:

X

OT Days \$ _____	OT Days \$ _____	OT Days \$ _____
Cheque Number _____	Cheque Number _____	Cheque Number _____
Allocation <u>New Teacher: Strategy Smiling</u>	Allocation <u>New Teacher: Strategy Smiling</u>	Allocation <u>New Teacher: Strategy Smiling</u>
Date Issued _____	Date Issued _____	Date Issued _____
Treasurer's Signature _____	Treasurer's Signature _____	Treasurer's Signature _____