



**Florida Family Child Care Home Association**  
Leadership Summit & Quarterly Full Board Meeting  
**February 10-12, 2017 Weekend Agenda**  
**Ocala, Florida**

**Friday, February 10th**

**7:30 – 10:00 p.m. FFCCHA Conference Team Meeting**  
Best Western Hotel, Pool Room

**Saturday, February 11th**

**9:00 a.m. – 5:00 p.m. Leadership Summit**

***"Building Great Leadership in Family Child Care - Construir buen liderazgo en el hogar familiar"* by Othondra Williams-Hicks, M.Ed, Early Childhood Expert**  
at

**Rasmussen College**

**\$75 (\$60 scholarships available!) includes networking lunch**  
(CEUs are available **online only** through FLAEYC.ORG for an additional fee)

**8:00 p.m. Meet & Greet - Slumber Party!**

Refreshments hosted by Chapter: Palm Beach County FCC Association  
Come in your cutest PJ's and slippers to relax and unwind!  
Prizes for best attire!  
Best Western Hotel, Pool Room

**Sunday, February 12<sup>th</sup>**

**9:00 a.m. – 1:00 p.m. FFCCHA Full Board Quarterly Meeting**  
Rasmussen College

**2 Locations**

Best Western Hotel, I-75, Exit 350 West  
3701 SW 38<sup>th</sup> Ave. Ocala, FL 34474  
352-237-4848

Rasmussen College Exit 350 West  
4755 S.W. 46 Ct., Ocala, FL 34474  
Near West Marion Community Hospital

**Driving Directions to Rasmussen College**

Allow 5 minutes for driving time from Best Western Hotel

1. From I-75, exit 350, SR 200 (same exit as hotel) and go **West** for 1 mile
2. The college is on the right side of the road
3. Turn right, then make the first right into the college parking lot
4. Upon entering building, look for signs for directions on room location



**FFCCHA Professional Development  
Leadership Summit  
Saturday, February 11, 2017  
9:00 a.m. – 5:00 p.m.**



Rasmussen College, 4755 SW 46th Ct., Ocala, FL 34474 (1 mile west of Exit 350 and I-75)  
**Registration Fee: \$75.00\*** (\$60.00 scholarships available) **\*LUNCH INCLUDED**

Registration forms & payment must be **received by February 1, 2017. NO REFUNDS.**

Mail to: **FFCCHA c/o Arleen Lambert, 19811 NW 7<sup>th</sup> Ave, Miami Gardens, FL 33169**

**Make check or money order payable to: FFCCHA, Inc.** Please submit this completed form with payment (pay only \$15 if you are a FL Registered OR Licensed family child care provider OR co-provider FFCCHA member & complete 30 words below). *Note: Returned checks will be assessed \$47 in additional fees.*

**Networking Lunch (included) – select one:** ☐ Ham Sandwich ☐ Roast Beef Sandwich ☐ Turkey Sandwich  
For **sandwiches only** choose one side: ☐ pasta salad ☐ mandarin pineapple dream ☐ tropical fruit ☐ chips  
☐ Chef Salad ☐ Roasted Turkey Caesar Salad

Any questions, please contact: FFCCHA (305) 793-4011 or stimaz71@yahoo.com

**Deadline: Must be received by February 1, 2017**

**Please Print:**

Name: \_\_\_\_\_

Name of FCC home as listed on License/Registration \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Chapter that you are a member of \_\_\_\_\_

**YOU MUST BE PRESENT THE ENTIRE TRAINING SESSION IN ORDER TO RECEIVE A CERTIFICATE.**

*Training starts promptly at 9:00 a.m.! CEU's are available online through FLAEYC.org for an additional fee.*

**“Building Great Leadership in Family Child Care”** (*Construir un Buen Liderazgo en el Hogar Familiar*)  
presented by Othondra Williams-Hicks, M.Ed, Early Childhood Expert

Learn how to build a community of professional family child care providers, while developing resources and strategies that can be used in mentoring current and new family child care home providers. Plus, overviews will be given on *Professional Development Resources: T.E.A.C.H Scholarships*, FFCCHA's *M.E.N.T.O.R.* Program, The *Second Helping* training modules, “*Getting Right the First Time*” Association Development training and *NAFCC Accreditation*.

*Aprenda como construir una Comunidad profesional familiar, del programa del Cuidado de proveedores para Nios.*

*Mientras estes desarrollando en los recuros estrategicos que pueden ser utilizados en mentalizando a los provedores de familia en los hogares.*

\_\_\_\_ Please check here if applying for a **Leadership Scholarship** and **explain below** in a minimum of 30 words why you want to take this training and how you plan on using it in your family child care business. **Print neatly on lines below only.**

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*If you need an accommodation because of a disability in order to participate in the child care training process: contact FFCCHA at least two weeks prior to the first training date at (305) 793-4011 between 8:00 a.m. - 5:00 p.m Monday through Friday.*

**Deadline – February 1, 2017- NO REFUNDS after this date. Training fees are non-transferable.**

**Returned checks will be assessed a \$47 fee in addition to the amount of the check.**

Confirmation will be emailed to you by 2/5/2017.



February 10-12, 2017  
**FFCCHA Leadership Summit & Quarterly Meeting Hotel Application**  
Best Western Hotel  
3701 S W 38th Ave. Ocala, FL 34474 (off 1-75, exit 350, go west)

Hotel reservations are for one or two (2) nights (Friday evening, Feb. 10<sup>th</sup> & Saturday evening, Feb. 11<sup>th</sup>) while you are attending the Leadership Summit and FFCCHA Full Board meeting at Rasmussen College, 4755 SW 46 Ct., Ocala, FL (exit 350, go west 1 mile, college is on the right).

**Limited number of hotel rooms available. Make your reservation early. First come, first served.**

**To qualify for room reservations recipients must:**

1. Recipients must be a **FFCCHA member**.
2. **Pre-register for the Leadership Summit** and be in **attendance for the entire Leadership Summit training** provided on **Saturday, February 11, 2017 (9:00am-5:00pm)**.
3. **Attend the State Full Board Meeting on Sunday, February 12<sup>th</sup>, 2017 (9:00am-1pm)**.
4. Complete **both** forms and they **must be received no later than February 1, 2017**.
5. Include **full payment with this form** or the application will not be accepted. **Payments will be available online via Credit Card payments. Those making payments by Cash and Check will be given discounted prices.**

Hotel **reservations** must be **made by FFCCHA!** Room reservations will **NOT** be made without the proper form(s) and the money submitted. Leadership Summit Training scholarship applications must be sent in with this hotel form.

If you select option 1 or 3 below, please list your roommate preference. If you do not designate a roommate, one **will be assigned, if available**. All considerations will be taken in order to meet your request.

**Hotel Reservations for February 10-12, 2017**

Check one option:

**Option 1** \_\_\_\_ Two people to a room for two nights. Each person pays **\$ 76.00 (cc)** or **\$73.00 (Cash /Check)**

**Option 2** \_\_\_\_ Single or Family Room for two nights. One payment of **\$152.00 (cc)** or **\$146.00 (Cash/Check)**

**Option 3** \_\_\_\_ Two people to a room for ONE night only – check: \_\_\_\_ Fri 2-10-17 or \_\_\_\_ Sat 2-11-17  
Each person **pays \$38.00 (cc)** or **\$36.50 (cash /check)**

**Option 4** \_\_\_\_ Single or Family Room for ONE night only - check: \_\_\_\_ Fri 2-10-17 or \_\_\_\_ Sat 2-11-17  
One payment of **\$76.00 (cc)** or **\$73.00 (Cash /Check)**

\*Add'l charges (if applicable) 3<sup>rd</sup> & 4<sup>th</sup> person in room, add \$7each per night. Rollaway beds \$10 per night

**Your Name:** \_\_\_\_\_ **Roommate Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please Read The Following Statement ----- Sign & Date!**

I, the undersigned, do hereby state: the above information is correct to the best of my understanding. I understand that these rooms are being paid for with FFCCHA, Inc. money. Friends and family members may **NOT** use this room, unless I have chosen option # 2 or # 4. I understand that I will be assigned a roommate, if available. I understand if I do not attend the Full Board meeting, I will be responsible for the **full cost** of my hotel room. I understand my reservations will be voided if I do not abide by the guidelines of this contract.

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

Please make money order or check payable to: **FFCCHA, Inc.**

Returned checks will be assessed a \$47 fee in addition to the amount of the returned check. **NO REFUNDS.**

**Mail to: FFCCHA, 19811 NW 7<sup>th</sup> Avenue, Miami Gardens, FL 33169**

Any questions, please contact: FFCCHA (305) 793-4011 or stimaz71@yahoo.com

**Only completed form(s) with payment will be accepted and deadline will be strictly adhered to!**

*If you need an accommodation because of a disability in order to participate in the child care training process, contact FFCCHA at least two weeks prior to the first training date at (305) 793-4011 between the hours of 8:00a.m – 5:00p.m. Monday through Friday.*

Completed forms will be dated as received, in case we exceed the allotted amount of FFCCHA room block. Your hotel reservation and scholarship **confirmation will be e-mailed to you by February 5, 2017.** Please print your e-mail address clearly. **Office Only:**

**Rec'd    Payment Type                      Amount \$                      Member Date                      Scholarship: Approved/Denied**