



Early Care and Education  
Training and Consulting

[www.tymthetrainer.com](http://www.tymthetrainer.com)

PO Box 271229

Flower Mound, Texas 75027-1229

(972)200-0504

## 2010 Director Credential Course Schedule

**\*\* NEW DATES JUST ADDED \*\***

**Earn your Texas Director Credential with Tym the Trainer and Early Care and Education!**

**This 4 day course has been approved by Child Care Licensing and meets Minimum Standards 746.1015 (a) (6)**

**This course will qualify you to be a director in Texas!**

### Training Outline

Administration

Minimum Standards and Current Legal Issues in Child Care

Building Professional Relationships with Staff

Early Child Development and Age Appropriate Activities

Professional Relationships with Parents

Overview of NAEYC Code of Ethics

### Credential Process

Complete the 4 day course

Successfully complete a comprehensive examination

Provide current training in CPR and First Aid

Be at least 21 years of age and have a high school education

Be in good standing with child care licensing

**Class meets Monday through Thursday from 8:00 a.m. to 6:00 p.m.**

*(Lunch break will be given)*

Cost is \$550.00 per person

April 26-29	<b>Arlington</b>	Homewood Suites	2401 East Road to Six Flags
May 3-6	<b>Plano</b>	Homewood Suites	4705 Old Shepard Place
May 24-27	<b>San Antonio</b>	Homewood Suites	125 N. Loop 1604 W
June 7-10	<b>Laredo</b>	Homewood Suites	98 Calle De Norte
June 21-24	<b>Houston (Clear Lake)</b>	Homewood Suites	401 Bay Area Blvd.
July 12-15	<b>Denton</b>	Homewood Suites	2907 Shore Line Drive

*Classes are subject to change. Classes are subject to cancellation due to inclement weather or if the minimum number of participants is not met.*

*If these cities are not convenient for you, let us know you need a course scheduled in your area!*

For more information or to register, visit [www.tymthetrainer.com](http://www.tymthetrainer.com), call (972)200-0504,

Fax (214)513-7571, or complete the form below and mail to:

PO Box 271229 Flower Mound, Texas 75027-1229

Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Class Date and Location \_\_\_\_\_

Payment Method:  check enclosed  credit card

CC Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Name on Card \_\_\_\_\_