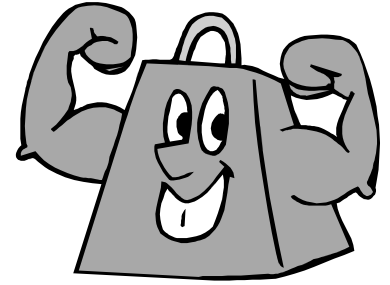


**FREE!
SNACKS PROVIDED!
TRANSPORTATION PROVIDED!**

**Penticton Indian Band
Strong Beginnings Program!**

Starting September 16, 2013



**This new exciting family-based program
is open to
families with children ages newborn to 6 years**

What is Strong Beginnings about?

A Licensed ECE teacher and other various PIB staff will provide a center-based family program that will provide learning experiences for children and their parents/caregivers. Activities may include art, music, drumming, Okanagan language lessons, cultural activities, and field trips. The goal is to help the child and family grow physically, mentally, socially, culturally, and emotionally.

Parents/caregivers will participate by engaging with their children in the activities, however, opportunities will be created for breathing space.

What is the benefit to participating children, and to the parents/caregivers?

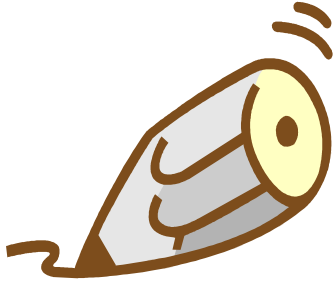
Parents and caregivers will:

- gain knowledge of activities they can try at home to further support their child's learning;
- learn about a range of guidance strategies that support social and emotional development;
- acquire knowledge of healthy snacks they can continue to feed their child at home and/or pack for that child when he or she starts school; and
- make valuable connections with other parents or caregivers
- provide opportunities for children and families to enhance their knowledge of culture and language

If you are interesting in attending or receiving more information in regards to the upcoming program please fill in the registration form and deliver to

Glenda MacDonald, Little Paws Children Center Manager

***First Nation Head Start Statement of Belief and Value about children:
Children, through being loved, valued and encouraged will gain the courage, the strength, and the wisdom to use the power of a good mind and spirit in all that they do!***



**PLEASE FILL IN REGISTRATIN AND RETURN TO
GLEND A AT LITTLE PAWS CHILDREN CENTER.**

Strong Beginnings Registration Form

Parent/Caregiver Name: _____

Phone Number: _____

Home address: _____

Name and Birthday's of the children that will be attending with you:

1. _____

2. _____

3. _____

4. _____

5. _____

Transportation will be provided to and from the program and on field trip days:

Will you require transportation services? 0 YES 0 NO

Do you or your child have any allergies? 0 YES 0 NO

THANK YOU FOR YOUR INTEREST IN THE PROGRAM

**GLEND A WILL BE CONTACT WITH YOU
AS THE START DATE GETS CLOSER!**