



Helping parents boost their children's learning during the first three years of growth & helping them realize that they are their child's first and most influential teacher!

ABC Children's Program

For Prenatal Moms and Parents of Children Birth to Three- Funded through Illinois State Board of Education
For Families & Prenatal Mothers in Jasper, Crawford, Edwards, Richland and Lawrence counties.

Date: _____ - _____ - _____

Parent/Guardians' Names: _____

Address _____ City _____ Zip _____

Parents Home Phone: _____ Cell: _____

- Child's First and Last Name: _____ Child's D.O.B. _____
- Child's First and Last Name: _____ Child's D.O.B. _____

If, prenatal, mother's due date: _____ Notes: _____

Referred By: _____ Referral Agency: _____ Check here if self-referral: _____

For more information, call 217-718-3625.

Or you may fax the form to the same number: 217-718-3625.

(It is NOT necessary on our part to have the signature below.)

I am interested in receiving more information about the ABC Children's Program. I am giving you permission to share my name, address and phone number and all other information listed above t. A staff member will contact me using the information to discuss eligibility and enrollment in the ABC Children's Program.

Signature of parent/guardian

Date

Printed name of parent /guardian