

AGENCY INFORMATION FOR PARENT EDUCATION NETWORK

I. CONTACT INFORMATION:

- A. CONTACT NAME: Susan Krcmarik AGENCY Bright Beginnings
- B. PHONE NUMBER: 495-7526
- C. EMAIL ADDRESS: sfk@pvhs.org

II. TYPE OF SERVICE:

A. PARENTING CLASS / SERIES OF CLASSES:

- Class / Series Name: Bright Beginnings Programs
- Total number of sessions 1
Length of each session 1.5
- This class is (check one):
Parenting related
(or)
For parents to-be (prenatal orientation)
- Fee yes no Approx. Amount
- Childcare provided: yes no

Notes: Home visits or bring child along to group

B. SUPPORT GROUP

- Group Name: Community Playgroups
- Target population and/or issues addressed: Parents and children ages 0-5
- Childcare provided: yes no

Notes: Parents attend playgroups with children

III. PARTICIPATION CRITERIA:

For the program or service listed above, please indicate the following:

- A. Age of children this information is targeted to:
 Prenatal 0 – 4 5 – 12 13 – 18
- B. Special eligibility requirements?
 Low income Other requirements (please specify)
- C. Program is offered in Spanish.
 Yes No

Notes: