



ILLINOIS STARNET REGIONS I & III
MAILING LIST FORM

PLEASE PRINT CLEARLY. ALL INFORMATION IS NEEDED.
If this form is not completed clearly and thoroughly, we may be unable to add you to the mailing list. THANK YOU!

Name _____

Send information to my... home business address below...

Address _____

City _____ State _____ Zip _____ - _____

Home phone _____ Business Phone _____

Fax _____ Email _____

District/Agency _____

I live in _____ county. I work in _____ county.

I am a...

Family member of a child age birth to 8 with delay/disability

Year child was born: _____

Provider

*Please choose **one** category which best describes the population you serve:*

- | | |
|--|---|
| <input type="checkbox"/> Birth-3 Early Intervention | <input type="checkbox"/> Primary: K, 1st, 2nd, 3rd |
| <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> Head Start, Early Head Start |
| <input type="checkbox"/> PreKindergarten At Risk | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> PreK At Risk & EC Special Education | <input type="checkbox"/> Medical Field (Dr, nurse, etc) |
| <input type="checkbox"/> Prevention Initiative/Parental Training | <input type="checkbox"/> Other (specify) _____ |

STARNET REGIONS I & III

CENTER FOR BEST PRACTICES IN EARLY CHILDHOOD EDUCATION, 27 HERRIN HALL
WESTERN ILLINOIS UNIVERSITY, 1 UNIVERSITY CIRCLE, MACOMB, IL 61455

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8/29/01