



## Your One Stop Shop for Families

We at the Early Childhood Alliance of Framingham (ECAAF) are here to support you in your parenting journey with the following programs:

- ◆ **Family Education Series**
- ◆ **Free Parent & Child Playgroups**  
(for 1-5 year old children with a caregiver)
- ◆ **The Parent-Child Home Visiting Program**  
(for eligible 18 month-3 year old Framingham residents)
- ◆ **Referrals for Early Childhood Resources**  
(such as daycare, preschool, lactation, safety, etc.)

Contact Jane or Erica: 508-782-6932; [jdehaven@framingham.k12.ma.us](mailto:jdehaven@framingham.k12.ma.us)  
<http://www.framingham.k12.ma.us/Domain/72>



*The Early Childhood Alliance of Framingham is funded through the Massachusetts Department of Early Education and Care Coordinated Family and Community Engagement grant, and administrated by the Framingham Public Schools.*



If you are a parent of a **child 0-5 years old**, and live in **Framingham**, you are welcome to attend our **FREE PLAYGROUPS** that are open to **ALL** Framingham residents. All groups require a parent or caregiver to participate. Our structured play-based groups are designed for parents and children to **Play, Learn, and Grow Together**. We have groups for mixed ages (0-5) and groups specifically designed for children 3-5 years old, baby groups, parent chats, and other special events. We are also available to **help refer you to early childhood resources** in the community.

You may also be eligible for **The Parent-Child Home Program** (Framingham residents only) which provides a home visitor to come your home twice a week **with free educational books and toys** that your child gets to keep as a gift. Contact us to find out if you and your child are eligible.

Fill out the form below to receive **more information about any of our programs**. Return it to the agency that provided this form, or to the Early Childhood Alliance office, located at Fuller Middle School 31 Flagg Drive Room D 30, outside door #16.

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(Please return the bottom part of the form)

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Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

Referral Source & Date: \_\_\_\_\_

Check all areas of Interest:  Home Visits  Groups  childcare/preschool  
 Other Community Resources

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