



Chicago Public Schools  
Office of Early Childhood Education  
Tuition Based Preschool Program

**PARENT AGREEMENT FORM**

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

SCHOOL \_\_\_\_\_ ROOM \_\_\_\_\_

*IN CASE OF EMERGENCY CALL:*

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

To the Principal:

I wish to have my child take part in the Tuition Based Preschool (TBP) program.

My child will attend daily beginning \_\_\_\_\_. I take full responsibility for his/her safe transport to and from school. Children must be picked up no later than the last pickup time designated by the local school. See page 9 of the TBP Parent Handbook for more information.

I understand that my child's enrollment in the program is dependant upon my timely payment of tuition.

I am willing to attend meetings, workshops, or conferences at the school, as may be requested.

I have received a copy of the TBP program budget and agree with the proposed expenditures for the current school year.

I give permission for my child to take walking trips within the community.

I hereby grant permission for the Chicago Public Schools (CPS) to videotape, photograph, and/or interview my child. I understand that the videotapes, photographs, and/or interviews may be used by CPS for publication and public relations notices in a manner consistent with the policies and procedures of the Board of Education of the City of Chicago. I give permission for those materials to be released for use under the conditions outlined above.

I am aware that participation in this TBP program does not guarantee my child's acceptance into this school's kindergarten program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date