



**CHICAGO PUBLIC SCHOOLS  
OFFICE OF EARLY CHILDHOOD  
COMMUNITY PARTNERSHIP PROGRAM**

**PARENTAL TRAINING PROGRAMS  
CONTINUING PROGRAM APPLICATION  
2009-2010**

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Budget Request \_\_\_\_\_

Number of Children to be served \_\_\_\_\_

\_\_\_\_\_ Head Start Partnership

\_\_\_\_\_ Child Care Partnership

Type of Agency:

\_\_\_\_\_ Community Based Organization

\_\_\_\_\_ Child Care Center Not-for-Profit

\_\_\_\_\_ Faith Based Organization

\_\_\_\_\_ Child Care Center For-Profit

\_\_\_\_\_ Other \_\_\_\_\_

Submit completed applications by 4:00 P.M., Friday, May 22, 2009 to:

Chicago Public Schools  
Community Partnership Program  
Attention: Christine Ryan  
400 West 69<sup>th</sup> Street  
Chicago, Illinois 60621

For CPS use only:
Proposal: _____ No Changes _____ Updates _____
Total no. of children to be served _____
Total no. of families to be served _____
Amount Requested _____
Date visited _____