AGENCY/COMMUNITY PARTNERSHIP AGREEMENT

Preschool for All Program: ______________________________________________________________

Contact Person: __________________________________ Title: _________________________________

Address: ____________________________________________________________________________

City: __________________________________ State: ______ Zip: __________

Phone: __________________________________ E-Mail: ________________________________

Preschool for All Staff Participating: ______________________________________________________

Community Agency: __________________________________________________________________

Contact Person: __________________________________ Title: _________________________________

Address: ____________________________________________________________________________

City: __________________________________ State: ______ Zip: __________

Phone: __________________________________ E-Mail: ________________________________

Community Agency Staff Participating: _____________________________________________________

Partnership Goals and Description

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

PARTNERSHIP COMMITMENT

The partnership between ________________________________ and ________________________________ named above shall

be in effect during the term from ___________ to ___________. It is understood by the partners that involvement in the

partnership is for the sole purpose of enriching the educational experiences of young children and their families. At the end of each term, the

partners will determine if there is a desire/need to continue the involvement for the next program year. A new partnership commitment will be

completed each year.

____________________________________________________________

Partnership Official Signature                                                   Date

____________________________________________________________

Preschool for All Administrator Signature                                Date

Form is adapted from the Early Childhood Development Enrichment Center, Arlington Heights, Illinois