

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: _____

<p>Partnership Goals and Description</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

PARTNERSHIP COMMITMENT

The partnership between _____ and _____ named above shall
Preschool for All Program Agency/Community Program

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