Chicago Public Schools
Office of Early Childhood Education

2010-2011
Tuition Based Preschool (TBP) Program
Application

School: _____

Child's Name: _____ **Birth Date:** _____

Parent/Guardian's Name: _____

Address: _____ **Zip Code:** _____

Phone: _____ **E-mail:** _____

Tuition for the 2010-2011 school year will be $9,690, exclusive of meals. Meals may be purchased at the school or brought from home. Please submit a two-week, (first and last week's tuition) ***non refundable*** deposit of $510. Applications submitted without the deposit will not be considered. The payment must be in the form of a check or money order and should be made out to: CPS Tuition Based Program; cash **will not** be accepted. Your child's name should be written in the memo section of the check. *This deposit will **only** be returned to you if there is no place for your child at this school or if the proposed program does not open.* **If you choose not to enroll your child in the program for any reason, the deposit will not be returned.**

NOTE: The tuition for children entering as three-year-olds in September 2010 and returning as four-year-olds in September 2011 will remain the same.

Terms and conditions of enrollment: In order for a child to be enrolled in the TBP program, the child must be at least three (3) but not yet five (5) years old on or before September 1, 2010, and toilet trained when the program begins. Children who will be five years old on or before September 1 of the current year may not be enrolled in the TBP program.

Payment schedule information: Tuition payments may be made on a biweekly or monthly basis beginning in August 2010, through the SMART Tuition Management System (SMART).

Has your child ever attended a TBP program at another school? ___ Yes ___ No

I understand that I must ensure that tuition payments are up-to-date at all times. Late payment fees of $100 will be assessed for payments not made on schedule. Continued late payments will result in my child's termination from the program. I have read the above and confirm acceptance of the stated terms for enrollment in the Tuition Based Preschool (TBP) program of the Chicago Public Schools.

_____ _____
Parent/Guardian Signature Date

For Office Use Only:

Check/Money Order #: _____ Amount: _____ Staff Initials: _____

Name on Check/Money Order: _____ Date: _____