

Family Agreement Form for 2023-2024

Preschool For All Tuition Credit

Complete all shaded areas

The Preschool For All (PFA) Tuition Credit Program, which is supported by OECE, ensures that all 4-year olds who live in San Francisco can attend a high quality preschool. Your preschool benefits from investments in quality, and financial support to help pay the cost of preschool for eligible children.

Please complete the following four steps:

- Confirm Eligibility
- Choose Tuition Donation Option
- Consent for Child Development Services
- Acknowledge the Attendance Requirement

Step 1: Confirming Eligibility

Confirming eligibility requires that you verify your child's home residence (by ZIP Code), and his or her date of birth, by filling-in the shaded areas below and submitting some documents, if your preschool does not already have them on-file.

RESIDENCY: Enter your family's home ZIP Code

Must be a San Francisco Zip Code

Verification of San Francisco Residence may include:

- Copy of lease agreement, landlord letter, or similar
- Current utility bill, insurance policy, or bank statement
- Social services or other government agency letter
- Homeless self-certification

CHILD AGE: Enter your child's date of birth (DOB)

Must be 9/2/2018 – 12/2/2019*

Verification of Child Date of Birth may include:

- Birth Certificate or Passport
- Health insurance, endorsed well-check or shot records
- State Preschool CD9600 form (complete & endorsed)
- Head Start Application (complete & endorsed)

AT LEAST ONE (1) DOCUMENT FROM EACH OF THE LISTS ABOVE MUST BE ON-FILE WITH YOUR PRESCHOOL

* Notes about Transitional Kindergarten, "TK", offered by SFUSD to children of specific ages:

- **TK-eligible kids in 2023/24, THIS school year, are those born on or between 9/2/2018 and 12/2/2018.** Children who are TK-eligible in the current school year whose families "opt-out" of TK enrollment at SFUSD, are eligible for PFA Tuition Credit Program enrollment this year.
- **TK-eligible kids in the NEXT school year, 2024/25, are those born on/between 9/2/2019 and 12/2/2019.** SFUSD **will not** offer kindergarten enrollment to children born after 9/1/2019 in the next school year, 2024/25. They will instead be eligible for SFUSD "Transitional Kindergarten" (TK). SFUSD-TK may be a developmentally-appropriate free early education option for your child after preschool. If your child is eligible for free SFUSD-TK, you should start reviewing your enrollment options and plan to attend the **2024/25 SFUSD Enrollment Fair in October 2023**. Visit www.sfusd.edu for more information. For information about how TK, please call the SFUSD Educational Placement Center at 415-241-6085.

ELIGIBILITY CONFIRMATION

I acknowledge with my signature below that the above information and all supporting documentation regarding the residence and age of my child(ren) are true and correct, and that this information will be used by my preschool and OECE to verify eligibility for funding of my child(ren)'s enrollment.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PRINT PARENT/GUARDIAN NAME _____

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Complete all shaded areas

PFA-ELIGIBLE CHILD NAME _____

Step 2: Choosing a Tuition Donation Option

This **PFA Tuition Credit** can be applied to reduce the cost of your own child’s tuition, OR, you may choose to donate it. Choosing a donation option benefits your preschool by using your **PFA Tuition Credit** to increase its scholarship fund. This will help provide access to quality early learning opportunities for families who need additional tuition reduction. Alternatively, you may also apply the **PFA Tuition Credit** to your own child’s enrollment, reducing your family’s cost for the program year.

Choose ONE <input checked="" type="checkbox"/> Tuition Donation Option & Sign Below Your 2023/2024 PFA Tuition Credit will be \$ _____ Per Month			
<input type="checkbox"/> 100% Donation	<input type="checkbox"/> 50% Donation	<input type="checkbox"/> ____% Donation <small>Indicate a desired donation amount</small>	<input type="checkbox"/> I do not want to donate my tuition credit
My preschool cost, \$_____per month For _____ days per week in the program year Donate all of my Tuition Credit to my preschool’s scholarships	My preschool cost, \$_____per month For _____ days per week in the program year Share my Tuition Credit with my preschool for scholarships	My preschool cost, \$_____per month For _____ days per week in the program year Share my Tuition Credit with my preschool for scholarships	My preschool cost, \$_____per month For _____ days per week in the program year Use all of my Tuition Credit towards my child’s preschool cost

I acknowledge with my signature below that I agree to the PFA Donation I have indicated by my mark, above, and that my choice is informed by information included herein without other influence, coercion, or distress.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PFA-ELIGIBLE CHILD NAME _____ DATE _____

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Step 3: Consent for Child Development Services

As the parent/guardian of a child enrolled in the PFA Tuition Credit Program, I give permission for my child(ren) to receive the services described below. The purpose of these services is to understand and address my child's needs within the context of our family and/or the child care program in which we are enrolled.

Developmental screening using the Age & Stages Questionnaire or other research-based process for early identification of developmental delays	Consultation with preschool staff and/or with qualified specialists regarding my child's development and/or behavior
Consultation with family regarding my child's development and/or behavior.	Developmental assessment using the Desired Results Developmental Profile, Preschool (DRDP-PS)

I understand that the above information regarding my child is confidential and may not be given to employees of other schools, public agencies or individual professionals in private practice without my consent or other legal requirement. My signature on this form provides permission for results of the above-listed service(s) to be shared among staff at my child's program and with consulting staff working directly with my child(ren). Consent for release of information and authorization of communication shall be for the purpose of understanding and addressing my child(ren)'s needs. This consent is voluntary and I understand that I can withdraw my consent for my child at any time. Unless I withdraw this consent, this authorization will be effective for the period my child is continuously enrolled in this program. By signing below I am confirming that I have read, understood and agree to the above conditions and services.

CONSENT FOR CHILD DEVELOPMENT SERVICES

PARENT/GUARDIAN SIGNATURE

DATE

NOTE: In accordance with the Health Insurance Portability and Accountability Act (HIPPA) and applicable California laws, all personal and health information is private & protected.