TC Scholars Preschool

APPLICATION FOR ENROLLMENT

Applicant's Biographical Information:

First Name: _____ Middle Name: _____

Last Name: _____ Preferred Name: _____

Gender: ☐ Female ☐ Male Date of Birth: _____

Schedule: Monday- Friday A.M. Session 9:00-12:00 P.M. Session 12:30-3:30

Caregiver Information

Parent/Guardian (1) Name: _____

Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Parent/Guardian (2) Name: _____

Cell Phone: _____ Work Phone: _____

Home Address: _____ City: _____ Zip: _____

Work Address: _____ City: _____ Zip: _____

E-mail: _____

Pediatrician: _____ Pediatrician Phone Number: _____

Pediatrician Address: _____

School Experience

Has your child attended another day care or school: ☐ Yes ☐ No

Name of School/Daycare: _____

Length of time enrolled in program: _____

Name of School/Daycare: _____

Length of time enrolled in program: _____

Briefly describe your child's school experience thus far: _____

_____

_____

_____

TC SCHOALRS APPLICATION FOR ENROLLMENT *(continued)*

Has your child received Early Intervention services? ☐ No ☐ Yes, which:

☐ Speech ☐ D.T. ☐ P.T. ☐ O.T. ☐ Social Work

Has your child been evaluated through your Public School: ☐ Yes ☐ No

If yes, are you currently utilizing your child's IEP? ☐ Yes ☐ No

Medical Information

Does your child have any known allergies: ☐ Yes ☐ No

Please list: _____

Does your child have any serious medical conditions: ☐ Yes ☐ No

Please list:_____

Pick Up Information

1. Primary Name: _____ Phone Number: _____
2. Primary Name: _____ Phone Number: _____

In Case of Emergency Pick up

*Please note that TC Scholars will require a photo ID

Emergency Contact #1

Name: _____

Phone: _____ Relationship to Child: _____

Emergency Contact #2

Name: _____

Phone: _____ Relationship to Child: _____

Emergency Contact #3

Name: _____

Phone: _____ Relationship to Child: _____

Enrollment Information

Application Date: _____ Year Applying for: ☐ 2017-2018 ☐ 2018-2019

Age as of September 1st, 2017: _____ Program Information: ☐ Pre-k 3 ☐ Pre-k 4

Number of Days of Week:
☐ 5 days per week
☐ 4 days per week
☐ 3 days per week
☐ 2 days per week

Preferred Times:
☐ Morning (8:00 AM – 12:00 PM)
☐ Afternoon (12:30 PM – 3:30 PM)

Applications are accepted to confirm a family's expressed interest in choosing TC Scholars. An administrator will contact the family to set up an in person intake appointment. The $150.00 non-refundable application fee cannot be applied to tuition and does not guarantee acceptance to TC Scholars. TC Scholars reserves the right to hold slots for Tuesday's Child Alumni.

_____ _____
Parent's Signature Date

Application Fee Payment

☐ Check Enclosed Charge my: ☐ Visa ☐ MasterCard ☐ Discover

Card Number: _____ Exp Date: _____

Please submit this completed application with payment to: ssmall@tuesdayschildchicago.org or

TC Scholars Preschool, c/o Tuesday's Child, 3633 N. California Ave. Chicago, IL 60618.

You will be contacted with 10 business days regarding your application.