



APPLICATION FOR ENROLLMENT 2022-2023

Our preschool license is for 3-4-5-year-olds

Applicant's Biographical Information:

First Name: Type text here Middle Name: _____
Last Name: _____ Preferred Name: _____
Gender: Female Male Date of Birth: _____

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: _____
E-mail: _____
Pediatrician: _____ Pediatrician Phone Number: _____
Pediatrician Address: _____

School Experience

Has your child attended another day care or school: Yes No
If yes, complete Release of Records Form. Information received will ensure we create the best learning plan for your child.
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: _____

Medical Information

Does your child have any known allergies: Yes No

If yes, complete a Medical Release form. Information received will ensure we create the best learning plan for your child.

Please list: _____

Does your child have any serious medical conditions: Yes No

Please list : _____

Will any of these medications need to be administered during preschool hours Yes No

A separate form will be required from your physician for Tuesday's Child to administer medications

Please list and note times of administration:

Pick Up Information

1. Primary Name: _____ Phone Number: _____

Relationship: _____

2. Primary Name: _____ Phone Number: _____

Relationship: _____

Enrollment Schedule

For cost, please refer to the fee schedule below

Preference given to full day enrollment

Full Day (9:00 AM - 3:00 PM)

- 5 Days a Week | Monday-Friday
- 4 Days a Week | Monday-Thursday
- 3 Days a Week | Monday, Wednesday, Friday
- 2 Days a Week | Tuesday, Thursday

Morning Session (9:00AM - Noon)

- 5 Days a Week | Monday-Friday
- 4 Days a Week | Monday-Thursday
- 3 Days a Week | Monday, Wednesday, Friday
- 2 Days a Week | Tuesday, Thursday



Before Care

*For cost, please refer to the fee schedule below
Priority to those who sign up for full day 5 Days a Week*

Parental Consent

Parents or Guardians agree that Student shall be enrolled in Before Care for TC Scholars Preschool for the school year 2022-2023. Please select the amount of days you wish to be enrolled and what days your child will be attending. **Before Care (8:00-9:00 A.M.)** Families who arrive after 8:15 will be asked to wait until the doors open at 9:00 am when school starts. The teaching staff is engaged in planning time from 8:15 am to 9:00 am.

- 5 Days a Week | ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
- 4 Days a Week | ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
- 3 Days a Week | ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
- 2 Days a Week | ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Enrollment Information

Application Date: _____ Year Applying for: 2022-2023

Age as of September 1st, 2022: _____ Program Information: Pre-k 3 Pre-k 4

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

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

You will be contacted with 2-3 business days regarding your application.



PRESCHOOL FEE SCHEDULE

1. Parental Consent

Parents or Guardians agree that Student shall be enrolled in TC Scholars Preschool for the school year 2022-2023

Full Day (9:00 AM – 3:00 Pm)

- 5 Days a Week | Monday-Friday
- 4 Days a Week | Monday-Thursday
- 3 Days a Week | Monday, Wednesday, Friday
- 2 Days a Week | Tuesday, Thursday

Morning Session (9:00AM – Noon)

- 5 Days a Week | Monday-Friday
- 4 Days a Week | Monday-Thursday
- 3 Days a Week | Monday, Wednesday, Friday
- 2 Days a Week | Tuesday, Thursday

2. Non-refundable Fees and Deposits

Parent or Guardians agree to pay to Tuesday's Child the following non-refundable fees and deposits:

- a. Tuition Deposit: For new and re-enrolling students, Parents or Guardians agree to pay a Tuition Deposit in the amount of \$1,000. The Tuition Deposit is due upon Enrollment of the Student in TC Scholars Preschool or at the signing of this contract.
- b. Annual Tuition: All students are required to pay the set tuition payments as described below.

3. Tuition Payment Options

By initialing one of the options below, Parents or Guardians have chosen to pay the Annual Tuition according to the payment terms set forth as follows:

Monthly Payments for full day program | If Parents or Guardians choose the Monthly Payments Option, Parents or Guardians agree to permit Tuesday's Child to automatically process the Monthly Tuition Rate, equal to the Annual Tuition, minus the \$1000 deposit, divided by 9 (Aug.-Apr.), on the fifteenth (15) day of the prior month using the method designated below.

- 5 Days a Week (Full-Day) | \$15,000 total (\$1560/August; \$1,555/month for 8 months)
- 4 Days a Week (Full-Day) | \$13,500 total (\$1396/August; \$1388/month for 8 months)
- 3 Days a Week (Full-Day) | \$11,500 total (\$1164/August; \$1167/month for 8 months)
- 2 Days a Week (Full-Day) | \$8,500 total (\$836/August; \$833/month for 8 months)

One-Time Annual Payment | If Parents or Guardians choose the One-Time Annual Payment Option, Tuesday's Child will discount the Annual Tuition by \$250

- 5 Days a Week (Full-Day) | \$15,000 total (\$14,750 charged)
- 4 Days a Week (Full-Day) | \$13,500 total (\$13,250 charged)
- 3 Days a Week (Full-Day) | \$11,500 total (\$11,250 charged)
- 2 Days a Week (Full-Day) | \$8,500 total (\$8,250 charged)



Monthly Payments for half day program | If Parents or Guardians choose the Monthly Payments Option, Parents or Guardians agree to permit Tuesday's Child to automatically process the Monthly Tuition Rate, equal to the Annual Tuition, minus the \$1000 deposit, divided by 9 (Aug.-Apr.), on the fifteenth (15) day of the prior month using the method designated below.

- 5 Days a Week (Half-Day) | \$10,000 total (\$1,000/month for 9 months)
- 4 Days a Week (Half-Day) | \$8,500 total (\$832/August; \$834/month for 8 months)
- 3 Days a Week (Half-Day) | \$6,500 total (\$612/August; \$611/month for 8 months)
- 2 Days a Week (Half-Day) | \$4,500 total (\$388/August; \$389/month for 8 months)

One-Time Annual Payment | If Parents or Guardians choose the One-Time Annual Payment Option, Tuesday's Child will discount the Annual Tuition by \$250

- 5 Days a Week (Half-Day) | \$9,750 total (\$8,750 charged)
- 4 Days a Week (Half-Day) | \$8,250 total (\$7,250 charged)
- 3 Days a Week (Half-Day) | \$6,250 total (\$5,250 charged)
- 2 Days a Week (Half-Day) | \$4,250 total (\$3,250 charged)

4. Early Withdrawal or Tuesday's Child Termination

- a. Return of Fees and Deposits. Parents or Guardians agree and understand that the Application Fee and Tuition Deposit are non-refundable. Parents or Guardians also agree and understand the Tuition Deposit will be applied towards their total tuition.
- b. Tuition Payments: Parents or Guardians agree and understand: Early withdrawal of the Student from TC Scholars Preschool requires written notification with a 60 day advance written notice. Refunds will be calculated on a daily basis from 60 days of receipt of the written notice of the date of withdrawal. Tuition is not refundable for absence.
- c. Termination: Tuesday's Child reserves the right to terminate this Enrollment Contract and disenroll Students from TC Scholars Preschool with or without notice for any reason. Parents or Guardians agree and understand that termination of this Enrollment Contract and disenrollment of Student from TC Scholars Preschool will result in an immediate stop to future billing and a refund based on any payments for services not yet rendered.
- d. Payment Authorization Form. This contract will act as a Payment Authorization Form for all tuition payments, late fees and other charges that may be incurred.



Before Care Fees

1. Parental Consent

Parents or Guardians agree that Student shall be enrolled in Before Care for TC Scholars Preschool for the school year 2022-2023. Please select the amount of days you wish to be enrolled and what days your child will be attending. Families who arrive after 8:15 will be asked to wait until the doors open at 9:00 am when school starts. The teaching staff is engaged in planning time from 8:15 am to 9:00 am.

Before Care (8:00-9:00 A.M.)

- 5 Days a Week | ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
- 4 Days a Week | ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
- 3 Days a Week | ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
- 2 Days a Week | ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

2. Before Care Payment

Monthly Payments | If Parents or Guardians choose the Monthly Payments Option, Parents or Guardians agree to permit Tuesday's Child to automatically process the Monthly Before Care fee on the fifteenth (15) day of the prior month using the method designated below.

- 5 Days a Week | \$200/mth
- 4 Days a Week | \$160/mth
- 3 Days a Week | \$120/mth
- 2 Days a Week | \$80/mth

One-Time Annual Payment | You may choose to be charged a one-time fee for the school year.

- 5 Days a Week | \$2,000 total
- 4 Days a Week | \$1,600 total
- 3 Days a Week | \$1,200 total
- 2 Days a Week | \$800 total

All students will be accepted on a conditional basis. Parents or Guardians may be asked to withdraw Student if Tuesday's Child determines, in its sole discretion, that the program is not meeting Student's needs or that the student's presence is having an adverse effect on the program.



Consent for Release/Exchange of Student Records and Information

Student's Name: _____ Date of Birth: ____/____/_____

I hereby give permission to verbally speak with and release/exchange/disclose the following:

___ All School Student Records, including, but not limited to: personally identifying information; cumulative-permanent record; special education records; academic transcript; discipline records; health records; attendance records; and test scores.

Only Specific School Records:

- ___ Personally, Identifying Information ___ Special Education Record (e.g. IEP, Evaluations, 504 plans)
___ Cumulative/Permanent Record ___ Health Records ___ Disciplinary Records
___ Progress Monitoring Data ___ Attendance Records ___ Test Scores
___ Other (Specify): _____

Health/Medical Information:

___ Any and all records in the possession of _____ including mental health, HIV and/or substance abuse records ___ Records regarding treatment for the following condition or injury _____
___ Records covering the period of time between _____ and _____
Other: _____

This information is to be released/exchanged between:

Agency (ies)/School(s): _____ Tuesday's Child
Address: _____ AND 3633 N. California Ave, Chicago, IL 60618
Attn: _____ Attn: _____
Phone: _____ Fax: _____

Purpose: This information is to be disclosed upon request and will be used for the following purpose(s):

- ___ Educational evaluation and program planning ___ Medical evaluation and treatment
___ Health assessment and planning ___ Referral to a separate day school/residential facility+
___ Independent Educational Evaluation ___ Other: _____

These disclosures are authorized pursuant to the Family Education Rights and Privacy Act (20 U.S.C. Section 1232g), the Illinois School Student Records Act (105 ILCS 10/1 et seq.), and the Illinois Mental Health and Developmental Disability Confidentiality Act (740 ILCS 110/1 et seq.). I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent to the local school district representative. I understand that my revocation of this authorization will not be effective for actions taken by the school district or health care provider in reliance upon my authorization and prior to notice of my revocation. I understand that failing to authorize disclosure of records may adversely impact the educational programming and/or medical treatment for my child. I recognize that health records, once received by the school district may not be protected by HIPAA Privacy Rules but will become educational records protected by the Family Educational Rights and Privacy Act (20 U.S.C. Section 1232g). I understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care. I understand that I have the right to inspect and copy educational records and to challenge their contents.

This authorization is valid for one (1) calendar year from the date of signed consent indicated below.

Parent Signature Date Student Signature required for mental health records if under 12 -Date

Witness Signature Date



PERMISSION FOR MEDICATION DISPENSATION & RELEASE OF LIABILITY

Tuesday's Child staff will administer medication to children on a case-by-case basis depending on the individual circumstances of each child, the medication and their dosage.

All medication to be administered to a child must be given to Tuesday's Child in its original pharmacy bottle containing the child's full name, instructions and the number of dosages to be administered per day. This form must be returned to Tuesday's Child prior to any medication being administered.

I, _____, give permission to Tuesday's Child to administer
(Parent, Caregiver Name)

(Name/Type of Medication)

(Dosage)

(Instructions)

to my child, _____
(Name of Child)

Name of Physician: _____

Address of Physician: _____

City/State/Zip: _____

Physicians Signature: _____ Date: _____

I give permission for Tuesday's Child to administer the above listed medication to my child. I understand that this medication will be administered by a teacher and not a medical professional. I will not hold Tuesday's Child, its officers, staff or others liable for any reactions or complications that may follow as a result of my child receiving this medication.

Parent's Name: _____

Parent's Signature: _____ Date: _____

Please return this form to Tuesday's Child in-person, by mail or fax at 312.284.1696.