**APPLICATION FOR ENROLLMENT 2023-2024**

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

**Applicant’s Biographical Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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) Morning Session (9:00AM – Noon)***

[ ]  5 Days a Week | Monday-Friday [ ]  5 Days a Week | Monday-Friday

[ ]  4 Days a Week | Monday-Thursday [ ]  4 Days a Week | Monday-Thursday

[ ]  3 Days a Week | Monday, Wednesday, Friday [ ]  3 Days a Week | Monday, Wednesday, Friday

[ ]  2 Days a Week | Tuesday, Thursday [ ]  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 2023-2024. 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: [ ]  2023-2024

Age as of September 1st, 2023: \_\_\_\_\_\_\_\_\_\_\_ 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 2023-2024

***Full Day (9:00 AM – 3:00 Pm) Morning Session (9:00AM – Noon)***

[ ]  5 Days a Week | Monday-Friday [ ]  5 Days a Week | Monday-Friday

[ ]  4 Days a Week | Monday-Thursday [ ]  4 Days a Week | Monday-Thursday

[ ]  3 Days a Week | Monday, Wednesday, Friday [ ]  3 Days a Week | Monday, Wednesday, Friday

[ ]  2 Days a Week | Tuesday, Thursday [ ]  2 Days a Week | Tuesday, Thursday

1. **Non-refundable Fees and Deposits**
Parent or Guardians agree to pay to Tuesday’s Child the following non-refundable fees and deposits:
	1. 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.
	2. Annual Tuition: All students are required to pay the set tuition payments as described below.
2. **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)

1. **Early Withdrawal or Tuesday’s Child Termination**
	1. 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.
	2. 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.
	3. 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.
	4. 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 2023-2024. 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

1. **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.