



**APPLICATION FOR ENROLLMENT 2021-2022**

**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: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Services**

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

Does your child participate in any other services?  Yes  No

If yes, please elaborate below:

*For best coordination of care, please send a copy of your child's IEP, evaluations, or reports from outside services if you'd like us to follow similar goals in our program!*

1) Type of Service:  Speech  D.T.  P.T.  O.T.  Social Work

Other: \_\_\_\_\_

Service Duration/Frequency: \_\_\_\_\_

When did you start/stop this service?: \_\_\_\_\_

Provider's Name/Location: \_\_\_\_\_

What was/is your child working on with this service?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Type of Service:  Speech  D.T.  P.T.  O.T.  Social Work

Other: \_\_\_\_\_

Service Duration/Frequency: \_\_\_\_\_

When did you start/stop this service?: \_\_\_\_\_

Provider's Name/Location: \_\_\_\_\_

What was/is your child working on with this service?

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3) Type of Service:  Speech  D.T.  P.T.  O.T.  Social Work

Other: \_\_\_\_\_

Service Duration/Frequency: \_\_\_\_\_

When did you start/stop this service?: \_\_\_\_\_

Provider's Name/Location: \_\_\_\_\_

What was/is your child working on with this service?

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### Medical Information

Does your child have any known allergies or dietary restrictions:  Yes  No

Please list: \_\_\_\_\_

Does your child have any serious medical conditions:  Yes  No

Please list: \_\_\_\_\_

Does your child take any medications:  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:

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**Pick Up Information**

1. Primary Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2. Primary Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Enrollment Schedule**

**Half Days Attending:**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Full Days Attending:**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Enrollment Information**

Application Date: \_\_\_\_\_ Year Applying for:  2021-2022

Age as of September 1<sup>st</sup>, 2021: \_\_\_\_\_ Program Information:  Pre-k 3  Pre-k 4

**Strengths and Goals**

Tell us about your child! What are some of their strengths?

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What are some of your goals for your child for the upcoming school year?

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Please submit this completed application to: Rachel Surprenant, Program Director  
[rsurprenant@tuesdayschildchicago.org](mailto:rsurprenant@tuesdayschildchicago.org)  
or fax to: 312.284.1696

Phone: 773-573-6936

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