



# Tustin Community Preschool Student Admissions Checklist 2024-2025

Please print single-sided. Thank you!

## For Each Student's File:

- #1 Identification and Emergency Information
- #2 Fee Schedule Agreement
- #3 Parent Obligations
- #4 Child's Pre-Admission Health History-Parent's Report
- #5 Physician's Report; Date of physical: \_\_\_\_\_ (good for 2 years)
- #6 Consent for Administration of Meds (sign even if no meds; update as needed)
- #7 Consent for Emergency Medical Treatment
- #8 COVID-19 Acknowledgement
- #9 Notification of Parents' Rights
- #10 Personal Rights
- #11 Family photo and love note to child in case of emergency
- #12 Authorization to Treat a Minor
- #13 2x2 Photo of your child's face (print his/her full name on backside)

## Also Required:

- #14 Credit Card Authorization Form (one per family; for treasurers)
- Online Forms (Link: <https://forms.gle/zeVbFJUuL33bC42B7> or scan QR code)
- Check Payable to Tustin Community Preschool:** Check #: \_\_\_\_\_ or Zelle

One Child: Materials Fee (\$130) + First Month's Tuition (\$195 or 250) = \$325 or \$380  
2nd Child: Materials Fee (\$130) + First Month's Tuition (\$175 or 225) = \$305 or \$355





Dear Preschool Parents:

February 2024

Welcome to the 2024-2025 school year at Tustin Community Preschool! We're looking forward to a great year. Enclosed are medical and general information forms that need to be on file for you and your child **before school starts**. The laws governing preschools in the State of California require over half of these forms. Until the necessary records are on file at TCP, your child may not attend class. Please fill these forms out carefully and completely to ensure a successful start to the school year.

If this is your child's first year at TCP, your pediatrician must complete and sign the Physician's Report (form #5) to verify that your child has received the appropriate immunizations. The State requires that children receive vaccinations against *measles, varicella (chickenpox), mumps, rubella, polio, DTP, Hib and Hepatitis B*. Please indicate to your child's pediatrician that we need the specific dates of each immunization listed on the form. Make your doctor appointment ASAP.

2nd year students most likely do not need a new physician's report (since they're good for 2 years from the date of the physical); however, we do need parents to let us know if anything has changed with regard to your child's health since last year. Please include a photocopy of your child's immunization record regardless of any changes.

In addition to your child's immunization requirements, we are now required to show proof of the following vaccinations for all working volunteers: *Influenza, Pertussis (Whooping Cough), and Measles*. Please see "Working Volunteer's Vaccination Requirements" in the working volunteer packet for more info.

New volunteers who will be working at the school are required to have a doctor sign the Health Screening Report and **provide results for a current TB test (good for 4 years)**. **Volunteers who are returning are required to submit updated health forms every other year and an updated TB test or x-ray (if needed) every 4 years**. Any other parent or grandparent who will be volunteering at the preschool must also meet these requirements.

**Please complete all forms included in this packet and return them with your materials fee and first month's tuition no later than packet drop-off June 5, 2024 between 10am and 1pm.**



***Save the Dates (an exact list of dates will be provided at packet drop-off)***

**Registration Packet Drop-Off:** Packets are due back no later than **June 5, 2024** between 10:00 a.m. and 1:00 p.m. at TCP (you may return them to the office any time prior as well). Membership coordinators will be on hand to collect and go over your forms with you at packet drop-off. Your class VPs (liaisons/working parent schedulers) will also be on hand to meet you!

**Welcome Back Popsicle Party:** This is a fun event to give new and returning families a chance to meet with the Director and see the school. Students and all family members are welcome. **It is typically held on an afternoon a few weeks before school starts.**

**Parent Orientation:** **Normally on an evening at the end of August** in the TPC big hall. This meeting is MANDATORY. Each student must have at least one working volunteer (parent or grandparent) in attendance; but if all volunteers from a family can attend, the better. Please arrange for a babysitter because children are not allowed at Orientation or the Walk-Through trainings.

**Walk-Through:** Attendance at one of these walk-throughs is mandatory for all parents or grandparents volunteering in the classroom at TCP. Alumni returning working volunteers must attend a walk-through, unless they are entering their fourth consecutive year in the preschool. Walk-Through is an adult-only event. **You MUST attend ONE of these walk-throughs for your child to attend TCP. Starting the year off with good training and making sure everyone understands how TCP works is critical to your child (and all of the children) having a spectacular year!** Typically also at the end of August with day and evening options.

**First day of school:** **Typically the Wednesday following Labor Day.**

- **Parents of new students must attend the entire first day.**
- Parents of returning students are recommended to attend the entire first day

**Back to School Family Night:** Our Back to School Night is typically held on an evening towards the **end of September**, from approximately 5-7:30, likely at Peppertree Park. Come enjoy a night of good food, treats, and entertainment for the whole family.

We look forward to seeing you at Packet Drop-Off on **Wednesday, June 7**. If you have any other questions, do not hesitate to contact us!

Your **2023-2024** Membership Coordinators,  
**Jeanne Russell** and **Larom Lancaster**, [membership@tcp4kids.org](mailto:membership@tcp4kids.org)

**IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

**1A**

**To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER    EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**  
 (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN  
 AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

**1B**

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY  
 CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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Student's Name: \_\_\_\_\_

# Tustin Community Preschool

## 2024-2025 School Year

### FEE SCHEDULE

# 2

ENROLLMENT (non-refundable): \$125 per student

MONTHLY TUITION (First month's tuition is paid with registration and is non-refundable after August 1, 2023):

<u>Class</u>	<u>Monthly Tuition</u>	<u>Yearly Tuition</u>
2-Day AM	\$195.00	\$1755.00
3-Day AM	\$250.00	\$2250.00
3-Day PM	\$250.00	\$2250.00

- Tuition may be paid in monthly installments.
- Tuition will be billed on the first of the month beginning 10/1/24 and ending 5/1/25.
- The first month's tuition is paid at time of registration and is non-refundable after August 1, 2024.
- A \$25 credit will be applied toward tuition if registration is complete on or before June 5, 2024.
- If two or more children are enrolled in the preschool, the second and third (etc.) child(ren) will receive a 10% discount on monthly tuition. There is no discount for the parent/toddler class.
- A late fee of \$10 will be charged for tuition paid after the 5<sup>th</sup> of the month.
- A \$25 fee will be charged for all returned checks.

#### **Additional Financial Obligations:**

- Participation in mandatory fundraisers (see Obligations Form).
- One-time \$130 materials fee is due by June 5, 2024 with the registration packet.
- Snack for the class when working as the Inside Parent (approximately four to six times during the school year, per each of your enrolled children). Snack should cost approximately \$35 each time.
- Arriving 15 minutes or later to your class work shift will result in a \$60 penalty along with the make-up of your shift.
- Three or more Extended Day Shifts per year per family must be worked by a working volunteer (see Obligations Form). A \$60 penalty will apply per shift that is missed or for which you do not sign up.
- Two or more special event shifts per year per family (see Obligations Form). A \$60 penalty will apply per shift that is missed or for which you do not sign up.
- Each family is required to send an adult male family member to work one Saturday workday per year (called "Maintenance Day"; see Obligations Form). A charge of \$125 will apply if this commitment is not fulfilled.

**In the event that you need to terminate your membership contract with Tustin Community Preschool, written notice must be given 30 days in advance. During those 30 days, you are responsible for tuition and for all work shifts. Additional charges may include: buyout for work shifts, Dad's Work Day, Special Events, Extended Days, and Fundraising obligations. Please refer to the TCP Handbook for more details.**

**I have read and understand in full the tuition/financial requirements set forth by Tustin Community Preschool, Inc. I am aware that full details are available in the Handbook.**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Tustin Community Preschool

## Obligations of Parents

### 2024 - 2025

# 3

Tustin Community Preschool is a child-inspired cooperative preschool, where kids learn, play, create, and interact in a nurturing, safe setting.

We understand that TCP is a cooperative preschool and that parents work under the direction of a paid director/teacher.

**Enrollment fees and first month's tuition are NON-REFUNDABLE after August 1, 2024.**

As the parents of \_\_\_\_\_, we agree to carry out the following responsibilities of Tustin Community Preschool in addition to our monthly tuition payments:

1. Complete the school's Registration Packet that is available via the website and due back by **June 5, 2024**. Individuals who do not complete the packet or communicate with TCP by its due date will forfeit their child's spot in our school. A sample of the Registration Packet is available for your review in the office. **The \$130 materials fee is due with the packet.**
2. Attend the Parent Orientation Meeting, plus one of the scheduled training walk-throughs that week for all parents/grandparents who will be volunteering in the classroom. The dates and times for orientation and the walk-through will be in the Registration Packet.
3. Participate in the classroom as a Working Volunteer as scheduled, *averaging from one to three times per month*. **A \$60 penalty will apply per shift that is missed.** A missed shift is defined as arriving 15 minutes or more after the start time for the work shift. If the working parent misses the shift completely, or it has been covered, they must make up an additional work shift.
4. Purchase and bring snack to class approximately four to six times during the school year, per child you have attending the school. Snack averages \$35 each time.
5. At least one parent who works in our classroom must attend a Parent Meeting on the first Tuesday of each month. The Parent Meeting begins at 7:00 p.m. with refreshments available by 6:45 p.m. At least two times per year, each parent is required to bring an assigned potluck item to the meeting. A family's obligation of assigned potluck items is one more than the number of children enrolled: (2) for 1 child, (3) for 2 children, etc. You are also required to help set up and clean up from that particular meeting. Additional work may be assigned if more than one Parent Meeting is missed.
6. In addition to being a Working Volunteer on scheduled days in our classroom, each family takes on a "Committee Job" which helps maintain or run our school. The timely performance of these jobs is critical to our school program running smoothly! Most jobs require a **minimum of 4-6 hours per month**.



Student's Name: \_\_\_\_\_

# Tustin Community Preschool

## Obligations of Parents

### 2024 - 2025

# 3

7. Work at least three Extended Days during the year (one every three months). Families with 2 children enrolled work 4 Extended Days. Families with 3 children enrolled work 5 Extended Days. Extended Day is a bonus program for the children from 11:30 to 2:00 p.m. Work shifts are 11:25 to 2:30 p.m. Children bring a packed lunch and the program costs \$20 per day. When you work your three Extended Day shifts, your currently enrolled child is free to attend on those days. **A \$60 penalty will apply per shift that is missed or not signed up for.** A missed shift is defined as arriving 15 minutes late for a work shift. If the working parent misses the shift completely, they must make up an additional work shift.
8. Participate in one of three scheduled Maintenance Days (6 hours on a Saturday) OR pay a buy-out fee of \$125 to TCP, \$62.50 if enrolling after February 1<sup>st</sup>. Families with 2 or more children enrolled participate in 2 Maintenance Days.
9. Work two special event shifts (i.e. clean-up crew at the St Patrick's Day Parade), one by February 1<sup>st</sup> and the second by the end of the school year. Families with 2 children enrolled work 3 special event shifts. Families with 3 children enrolled work 4 special event shifts. **A \$60 penalty will apply per shift that is missed or for which you do not sign up.**
10. Mandatory participation in TCP fundraisers, which includes the following:
  - A. Participation in our annual Fall Garage Sale. Each family will:
    - a. Donate \$50 worth of "used" clothing, furniture or household items.
    - b. Work a 90-minute shift during set-up when you bring your donations.
    - c. Work a two-hour shift during the sale.
  - B. Pay \$100 per family for our Spring Fundraiser, typically an Auction, due by February 21, 2025, or \$120 automatically charged with March 1st tuition.
  - C. Participate in an additional fundraiser if the Board of Directors decides additional fundraising is necessary.

**I have read and understand the contents of the TCP Handbook (found on TCP's website at the bottom of the Tuition and Obligations page) and will act in accordance with these policies and procedures.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For more information or questions about Parent Responsibilities at TCP, please email [membership@tcp4kids.org](mailto:membership@tcp4kids.org) or call TCP at (714) 544-2398.



**CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT**

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

**DEVELOPMENTAL HISTORY** *(\*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

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HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

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HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

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WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

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REASON FOR REQUESTING DAY CARE PLACEMENT

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PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

**SCREENING OF TB RISK FACTORS** (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
 \_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



# PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

**NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
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## PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

**I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:**

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From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ daily while in attendance.  
BEGINNING DATE                      ENDING DATE                      TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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### **MEDICATION CHART Staff Documentation of Medicine Administration**

DATE	TIME GIVEN	STAFF SIGNATURE

**Upon completion, return medicine to parent or destroy, and place form in child's record.**

STAFF	DATE
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## TCP - AUTHORIZATION TO TREAT A MINOR

blue field trip form, effective through **May 2025**

Minor's legal name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Last tetanus shot: \_\_\_\_\_

Known allergies: \_\_\_\_\_

I, the undersigned parent or legal guardian of the above named minor, do hereby authorize and consent to an X-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and of the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that the authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care that the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the civil code of California.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(date)

Your legal name: \_\_\_\_\_

Any restrictions to this authorization: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary parent/guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_

## TCP - AUTHORIZATION TO TREAT A MINOR

blue field trip form, effective through **May 2025**

Minor's legal name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Last tetanus shot: \_\_\_\_\_

Known allergies: \_\_\_\_\_

I, the undersigned parent or legal guardian of the above named minor, do hereby authorize and consent to an X-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and of the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that the authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care that the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the civil code of California.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(date)

Your legal name: \_\_\_\_\_

Any restrictions to this authorization: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary parent/guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_

# All 3 quadrants must be filled out, identically.

# 12

Filling out the PDF before printing  
is recommended

## TCP - AUTHORIZATION TO TREAT A MINOR

blue field trip form, effective through **May 2025**

Minor's legal name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Last tetanus shot: \_\_\_\_\_

Known allergies: \_\_\_\_\_

I, the undersigned parent or legal guardian of the above named minor, do hereby authorize and consent to an X-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and of the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that the authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care that the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the civil code of California.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(date)

Your legal name: \_\_\_\_\_

Any restrictions to this authorization: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary parent/guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_



# Tustin Community Preschool

## Credit Card Authorization

### 2024-2025

# 14

All information will remain confidential. **ONLY ONE FORM NEEDED PER FAMILY.**  
 Top half of form will be shredded after entry in Bank of America system.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Credit Card Number: \_\_\_\_\_

CVC Number: \_\_\_\_\_ (3 digits on back of card or 4 digits from front of card)

Expiration Date: \_\_\_\_\_

Check the Amount to Charge:    2 Day Class: \_\_\_\_\_ \$195.00    3 Day Class: \_\_\_\_\_ \$250.00

2-Day (sibling)	3-Day (sibling)	(3-Day only) Partial Enrollment of 2nd Class:	1-Day/week	2 Days/week
\$175.00	\$225.00		\$90.00	\$180.00

Or other (children in different classes, more than 2 students, etc., obtain total from treasurers): \_\_\_\_\_

I authorize Tustin Community Preschool (TCP) to charge the above amount to my credit card on the 1st of each month, **starting on October 1, 2024 and ending with May 1, 2025.**

- Late/missed shift fees (\$60 per shift) **will be automatically added to the next month's tuition payment.**
- Auction tickets (\$120) will be automatically added to March 1st tuition payment if not paid for by **February 21st.** See "Mandatory Participation in TCP Fundraisers" in "Obligations of Parents" (Form 3).

I also authorize TCP to charge any outstanding balance due upon termination of membership. I agree that I will pay for these purchases in accordance with the issuing bank cardholder agreement.

Cardholder – Sign, Print Name, and Date Below:

Signed: \_\_\_\_\_

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

Date: \_\_\_\_\_

Student Name(s): \_\_\_\_\_