

# Tustin Community Preschool

## Parent Toddler Program 2020-2021 - COVID-19

### Application & Admissions Agreement

The TCP Parent-Toddler Program is designed to provide a loving, safe, stimulating and fun environment for very young children and their parents. Our developmental approach allows young children new experiences and provides additional bonding opportunities for parent and child.

TCP holds three 10-week sessions per year. Parents alternate volunteering to provide a healthy snack each week.

**Class Fee: \$150.00 per 10-week session**

**For which session are you applying?**

- \_\_\_\_\_ **Session 1: Fall**
- \_\_\_\_\_ **Session 2: Winter**
- \_\_\_\_\_ **Session 3: Spring**

<i>(office use only)</i>			
Date	Check #	Payment \$	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Indicate class preference (check one only)*

<b>Wednesday AM1 9:00-10:15</b>	_____
<b>Wednesday AM2 11:00-12:15</b>	_____
<b>Wednesday PM 1:00-2:15</b>	_____

The class fee of \$150.00 is due with this application and is **NON-REFUNDABLE**. Please make all checks payable to **TUSTIN COMMUNITY PRESCHOOL** with your child's name and class in the memo section.

**Child's Information:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Month/Day/Year)

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

Home Address: \_\_\_\_\_  
(Number and Street) (City) (Zip)

**Parent #1 Information**

**Parent #2 Information**

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

\_\_\_\_\_

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

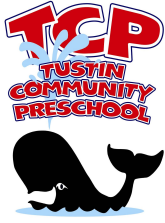
\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_



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Child's Name \_\_\_\_\_ *Wednesday AM1   Wednesday AM2   Wednesday PM*  
*(circle one)*

I hereby give TCP consent to take photographs, video-recordings, and/or sound recordings of my child in documenting the activities of TCP's programs. I grant TCP permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for TCP educational and promotional purposes in the following:

**School Publications** Yes \_\_\_\_\_ No \_\_\_\_\_  
 (School newsletter, photo albums, etc.)

**World-wide-web** Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Child's name will not be attached to the child's photograph)

**Press/Media Publications** Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Press releases, local newspapers, fundraising brochures, school profiles/fliers, etc.)

*Please complete the following information. Also, provide any information you feel the director and teacher should know about your child:*

Food Allergies: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

Medical Information: \_\_\_\_\_

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

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_