Student's Name: _____

# Tustin Community Preschool

## Student Admissions Checklist 2022-2023

*All items needed for new students; returning students: underlined/highlighted items*

*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)*

_____ **Check Payable to TCP**: Materials Fee ($125) + First Month's Tuition ($175 or $225)

Check number: _____ Amount: $300 or $350

_____ **Online Forms** - Permission Slips/Acknowledgements, Special Needs Form, Committee Job Interest Sheet: *These forms are now online! Use link or scan the QR code:*

(File 0.3N, 2/21) **For additional forms/questions, email membership@tcp4kids.org. Thank you!**

Dear Preschool Parents: February 2022

Welcome to the 2022-2023 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 parents: *Influenza, Pertussis (Whooping Cough), and Measles*. Please see "Working Parent's Vaccination Requirements" in the working parent packet for more info.

New parents 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). Parents 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 helping 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 1, 2022 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 1, 2022 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. 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 for any parent or grandparent who is working in the classroom. 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 working in the classroom at TCP. Alumni returning working parents 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 at the beginning of September, after Labor Day.
***Parents of new students must 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 1st. If you have any other questions, do not hesitate to contact us!

Your 2021-2022 Membership Coordinators,
Carly Lawson and Megan Budd, membership@tcp4kids.org

# Tustin Community Preschool
## Frequently Asked Questions

**"*I will not be able to have all of my paperwork completed by the due date.*"**
To secure your child's spot in the school, please complete and send all the paperwork that you can complete to us no later than June 1st**.** The $125 materials fee and first month's tuition are due with the completed packet. **Packets are due by June 1st at 1:00 p.m.**

***"I will have 2 children at TCP. Do I need to fill out all of the forms for both?"***
Yes. Each child will have their own file. Therefore, please complete separate packets for each child.

***"Does my child's grandparent need to fill out a Criminal Report to work at the school?"***
Yes, we require that both parents, as well as any grandparent who works at the school, have a criminal report in the office records. You can get more copies from the membership coordinators or make a photocopy of your original and change the title to "Grandparent".

***"Why does TCP require Live Scan fingerprinting?"***
While TCP offers a fun environment for your child to play and learn, we also want to ensure it is a safe one. That means completing a thorough background check for all working parents/grandparents, who work directly with your child on a day-to-day basis.

***"Is my social security number required for Live Scan fingerprinting?"***
The Department of Justice has strict policies and procedures when it comes to the care and safety of citizens' (applicants') personal information. A reputable Live Scan service provider, by law, must adhere to these rules.

***"I had a child enrolled at TCP two years ago. Do I still need my TB test?"***
For every working parent, a TB test is required to be on file before starting at TCP. TB tests are good for 4 years, after which time a new test must be performed.

***"The results from my TB test will not be back in time for the registration packet due date."***
Please make a note of it on your admissions checklist and return the rest of the packet by **June 1st**. Contact a membership coordinator to make arrangements for turning in the TB form. TB test results must be on file by the start of school.

**"*For the Parent's Health Screening Report (Form #3W), do I need to schedule an actual physical with my doctor?"***
It depends. If you have a regular physician who knows your health history, he or she will probably sign the form when you schedule your TB test. If you haven't seen a doctor in some time, you'll need to schedule a physical. Physicals for parents are good for 2 years.



(File 0.2, 2/22)

# Tustin Community Preschool
## Frequently Asked Questions

**"*My child has had all of his/her vaccinations. Do they need to visit the doctor for an actual check up to complete the Physician's Report of Health (Form #5)?"***
No. Contact your doctor's office and explain that you are signing your child up for preschool and that there is a vaccination and health evaluation requirement. They will be able to fill out the form by referring to your child's health record and will mail it to you or have you pick it up when it is filled out (preferable). Some offices charge a minimal fee for filling out the form.

***"How much money do I owe at this time?"***
When you enrolled, you paid a $100 enrollment fee. Due now is the $125 materials fee and the first month's tuition (for September). The monthly tuitions are $175 for 2-day classes and $225 for 3-day classes, with a 10% discount for additional siblings. There is no sibling discount for the Parent/Toddler program. Starting in October, tuition is due for that month by the 1st of the month. A late fee of $10 is assessed after the 5th of each month.

***"How do I pay my tuition?"***
Tuition must be paid via EFT (electronic funds transfer). Please refer to form 15 in the registration packet. Please note, all credit card authorization forms will be shredded immediately after the information is loaded into our secure database.

***"What is Parent Orientation?"***
Parent Orientation is the first MANDATORY working parent meeting of the year. It is an opportunity to learn about the philosophy and benefits of a co-op school, as well as to become familiar with the responsibilities involved in being a TCP parent. This is a parents-only event. Failure to attend Parent Orientation will jeopardize your child's enrollment.

***"What is the Walk-through?"***
The walk-through is a mock workday to demonstrate to parents what to expect and what to do when they work in the classroom. This is a parents-only event and it is MANDATORY. No children may be present. Grandparents who plan to work must also attend. Alumni returning working parents must attend a walk-through unless they are entering their *fourth consecutive* year in the preschool, after which they are more than welcome to come for a refresher.

***"What is the Welcome Back Popsicle Party?"***
The Welcome Back Popsicle Party is a fun social activity for parents and children. It is an opportunity for the children to come see the school, teacher, and the Director. Parents will have an opportunity to meet other parents with whom they will be working and children will become familiar with TCP.

# Tustin Community Preschool
## Frequently Asked Questions

***"When will I get my committee job assignment?"***
The Committee Coordinator will contact parents about their job assignments sometime after school starts. She will need time to review all Committee Job Interest Sheets and determine the best match for each job. All jobs should be assigned by the end of September or at the October parent meeting.

**"*How much time will my committee job take?"***
Most jobs require a minimum of one hour per week beyond the normal time working in the classroom. Some jobs have times during the year that require more hours in a week, but it usually averages out to be four-six hours per month. We all pitch in to help when needed. Your child's experience at TCP will be enhanced if you have a positive attitude with your committee job, working in the classroom, and offering to help when needed!

***"What is a love note?"***
In case of a stressful situation such as an earthquake, a love note and family picture will be used to calm your child. For example, "Dear Sweetie Pie, Mommy and Daddy love you very much and will be at school soon to bring you home. Your teacher and the working parents will take good care of you until we come. I can't wait to see your smile and give you a big hug! Love, Mommy." (Please do not attach toys, stuffed animals, etc.)

**Does not have to be on the provided form--feel free to write in a card, make a card, etc. if desired*

**"*Do I bring my enrolled child with me on work days*?"**
Yes. You will arrive 30 minutes before your class time to set up the classroom and stay for 30 minutes after class to clean up (or slightly longer as needed for completion). The Director or another working parent will supervise your child the entire time. Only your enrolled child may be with you on working days. Also, arriving 15 minutes or later to a scheduled work shift will result in a penalty fee of $60 and may require you to reschedule your shift.

**"*What is the Materials Fee*?"**
The materials fee is used to cover the cost of materials for all of the wonderful art and paint projects we complete at TCP. These materials include paint, glitter, glue, paper, stickers, etc.



(File 0.2, 2/22)

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

**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)

| NAME | phone # RELATIONSHIP |
|---|---|
| | |
| | |
| | |
| | |
| | |

TIME CHILD WILL BE PICKED UP

| SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE |
|---|---|
| | |

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

| DATE OF ADMISSION | LAST DATE OF ENROLLMENT |
|---|---|
| | |

Student's Name: _____

2

# Tustin Community Preschool

## 2022-2023 School Year

## FEE SCHEDULE

ENROLLMENT (non-refundable): $100 per student

MONTHLY TUITION (First month's tuition is paid with registration and is non-refundable):

| Class ____ | Monthly Tuition | Yearly Tuition |
|---|---|---|
| 2-Day AM | $175.00 | $1575.00 |
| 3-Day AM | $225.00 | $2025.00 |
| 3-Day PM | $225.00 | $2025.00 |

- Tuition may be paid in monthly installments.
- Tuition will be billed on the first of the month beginning 10/1/22 and ending 5/1/23.
- The first month's tuition is paid at time of registration and is non-refundable.
- 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 5th 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 $120 materials fee is due by June 1, 2022 with the registration packet.
- Snack for the class when working as the Inside Parent (approximately four 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 parent (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 "Dad's Work 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_____

Child's Name: _____ 3a

# Tustin Community Preschool

## Obligations of Parents

2022-2023

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.**

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 1, 2022. 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 $125 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 working 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 Parent 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 times during the school year per child you have attending the school. Snack averages $35 each time.

5. The parent(s) who work 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. Two times per year, each parent is required to bring an assigned potluck item to the meeting. Families with 2 children enrolled are required to bring an assigned potluck item 3 times per year. Families with 3 children enrolled are required to bring an assigned potluck item 4 times per year. 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 Parent 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**.

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

Child's Name: _____

3b

# Tustin Community Preschool

## Obligations of Parents

a bonus program for the children on Tuesdays and Fridays 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 $15 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 Dads' Work Days (6 hours on a Saturday) OR pay a buy-out fee of $125 to TCP, $62.50 if enrolling after February 1st. Families with 2 or more children enrolled participate in 2 Dads' Work Days.

9. Work two special event shifts (i.e. clean-up crew at The St Patrick's Day Parade), one by February 1st 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:

1. Donate $50 worth of "used" clothing, furniture or household items.
2. Work a 90-minute shift during set-up when you bring your donations.
3. Work a two-hour shift during the sale.

B. Pay $80 per family for our Spring Fundraiser, typically an Auction, due by February 21, 2023, or $100 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(s) Initial ____

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

Parent Signature: _____ Date _____

# 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* | BEGAN TALKING AT* | TOILET TRAINING STARTED AT* |
|---|---|---|
| _____ MONTHS | _____ MONTHS | _____ MONTHS |

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

| | DATES | | DATES | | DATES |
|---|---|---|---|---|---|
| ☐ Chicken Pox | | ☐ Diabetes | | ☐ Poliomyelitis | |
| ☐ Asthma | | ☐ Epilepsy | | ☐ Ten-Day Measles (Rubeola) | |
| ☐ Rheumatic Fever | | ☐ Whooping Cough | | ☐ Three-Day Measles (Rubella) | |
| ☐ Hay Fever | | ☐ Mumps | | | |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

| DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO | HOW MANY IN LAST YEAR? | LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF |
|---|---|---|
| | | |

**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?* ☐ YES ☐ NO | IF YES, AT WHAT STAGE:* | ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO | WHAT IS USUAL TIME?* |

| | |
|---|---|
| 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? ☐ YES ☐ NO | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO | IF YES, WHAT KIND: |

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

| PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE | DATE |
|---|---|
| | |

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

5

# 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)

TUSTIN COMMUNITY PRESCHOOL . 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:_____ Date of Physical Exam: _____
Address:_____ Date This Form Completed: _____
Telephone: _____ Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

**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.

---

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: |
|---|---|---|
| TUSTIN COMMUNITY PRESCHOOL | 300600989 | |

## 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:**

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

| PARENT'S SIGNATURE: | DATE: |
|---|---|
| | |

## MEDICATION CHART
## Staff Documentation of Medicine Administration

| DATE | TIME GIVEN | STAFF SIGNATURE |
|---|---|---|
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |

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

| STAFF | DATE |
|---|---|
| | |

## TCP - AUTHORIZATION TO TREAT A MINOR

*blue field trip form, effective through May* 2023

12

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**

_____ _____

(Your signature) (date)

Your legal name: _____

Any restrictions to this authorization: _____

Phone number: _____

Address: _____

Secondary parent/guardian: _____

Phone: _____

Pediatrician: _____ Phone: _____

Address: _____

Insurance company: _____ Policy: _____

file #12 (2/22)


## TCP - AUTHORIZATION TO TREAT A MINOR

*blue field trip form, effective through May* 2023

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_____ _____

(Your signature) (date)

Your legal name: _____

Any restrictions to this authorization: _____

Phone number: _____

Address: _____

Secondary parent/guardian: _____

Phone: _____

Pediatrician: _____ Phone: _____

Address: _____

Insurance company: _____ Policy: _____



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_____ _____

(Your signature) (date)

Your legal name: _____

Any restrictions to this authorization: _____

Phone number: _____

Address: _____

Secondary parent/guardian: _____

Phone: _____

Pediatrician: _____ Phone: _____

Address: _____

Insurance company: _____ Policy: _____

# Credit Card Authorization 2022-2023

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: _____$175.00 _____$332.50 for 2 children

3 Day Class: _____$225.00 _____$427.50 for 2 children

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, 2022 and ending with May 1, 2023**. Late/missed shift fees ($60 per shift) will be added to next month's tuition payment. Auction tickets ($100) will be added to March 1st tuition payment if not paid for by February 20th. Prior to March, auction tickets can be purchased for a discounted rate of $80. 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): ____________________________________________