



Tustin Community Preschool

Parent Toddler Program 2020-2021

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 volunteer to provide a healthy snack at one class attended (enough for approximately 16 children) per session.

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) **Wednesday AM 9:00-10:30:** _____
Wednesday PM 12:00-1:30: _____
Friday AM 9:00-10:30: _____

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

Name: _____
Work Phone: _____
Cell Phone: _____
Email Address: _____

Parent #2 Information



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Child's Name _____ Wednesday AM Wednesday PM Friday AM
(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: _____