



Tustin Community Preschool

Parent Toddler Program 2025-2026

Admissions Form

(due with payment once admitted)

Requested Class:

Tuesday AM

Wednesday AM

Thursday AM

Child's Name: _____ Child's DOB: _____

Mailing Address: _____

Parent's Name: _____

Phone: _____ Parent Email: _____

Please provide the following safety information for the director and teacher:

Food Allergies: _____ Other Allergies: _____

Medical Information: _____

Other Information the director and teacher should know about your child:

MEDIA CONSENT : 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:

	Yes	No
Press/Media Publications (Most Public): (Press releases, local newspapers, fundraising brochures, school profiles/fliers, etc., Child's name will not be attached to the child's photograph)	<input type="checkbox"/>	<input type="checkbox"/>
World-wide-web (TCP website, Facebook, Instagram): (Child's name will not be attached to the child's photograph)	<input type="checkbox"/>	<input type="checkbox"/>
School Publications (Least Public): (Newsletter, parent photo albums, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

The TCP school year is broken up into three 10-week sessions. Parents volunteer to provide a healthy snack at one or more classes attended (enough for up to 16 children) per session.

The session fee of \$175.00 is due with this form and is **NON-REFUNDABLE**. Please make all checks payable to **TUSTIN COMMUNITY PRESCHOOL** with your child's name and class in the memo section.

Parent Signature : _____ Date : _____

It is assumed by TCP that the parent filling out this form will be the individual attending class with their child. However, additional parent and/or guardians (grandparents, aunts/uncles, etc.) can also bring the child to TCP for class if their contact information is provided.

Parent/Guardian's Name: _____ Relationship: _____

Phone: _____ Email: _____

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Parent/Guardian's Name: _____ Relationship: _____

Phone: _____ Email: _____

Payment Schedule (office use only):

	Class	Date	Check #	Payment \$	Initials
Fall					
Winter					
Spring					