



## Welcome to the 2017 - 2018 Child's Primary School Year

Please read the following information carefully and **return all required forms** to the office **by August 1, 2017**. If you have any questions, the office is open Monday through Friday from 9:00 AM to 3:00 PM throughout the summer.

After the beginning of the school year the Parent Handbook will be posted on the TCPS website. This will be a handy reference for the entire school year and will include:

- Information about the organization of TCPS and our Board of Trustees, etc.
- Policies regarding everything from homework to billing and payments
- And more!

### Enjoy your summer!

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#### • **IMPORTANT DATES**

- **Parent Conferences:** August 28 – 30
- **Student Classroom Visits:**
  - Kindergarten: Wednesday, August 30
  - Grades 1 – 8: Thursday, August 31
  - First Day of Classes: Tuesday, September 5
- **Parent Potluck Dinner:** Wednesday, August 30, 6:30 – 9:00 PM

#### **FORMS TO BE RETURNED:**

- Emergency Care Information Form (2 pages)
- Permission for Pain Relief Medication/Request for Medication Form
- Walking Field Trip Permission Form
- Mailing List Form
- Emergency Readiness Kit (enclosed in Emergency Readiness Kit)



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Phone: (858)576-2120; FAX: (858)576-2445

### EMERGENCY CARE INFORMATION 2017 – 2018

In case of an emergency, the school still will contact 911.

Every attempt will be made to contact a parent/guardian or a designated emergency contact.

#### **STUDENT:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Sex: M F  
(Circle one)

Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

#### **PARENT/LEGAL GUARDIAN:**

Student resides with (please circle)      Father      Mother      Both      Legal Guardian

Parent/Legal Guardian \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

Pager # (    ) \_\_\_\_\_

Pager # (    ) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

#### **LIST 2 PERSONS WHO SHOULD BE CALLED IN CASE OF AN EMERGENCY/LATE PICK-UP IF PARENT(S)/GUARDIAN CANNOT BE CONTACTED.**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

City/State \_\_\_\_\_

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

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

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

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

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

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

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

**PERSONS ARE AUTHORIZED TO TAKE CHILD FROM THE FACILITY – Include Parent Names**

- |          |           |
|----------|-----------|
| 1. _____ | 9. _____  |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

*(Child will not be allowed to leave with any other person without parent authorization)*

**PLEASE CONTACT THE SCHOOL OFFICE IF ANY OF THESE NAMES CHANGE**

\_\_\_\_\_

**List any Allergies (food, medication, etc.)/Specific Health Problems/Regular Medications**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN TO BE CALLED IN CASE OF EMERGENCY**

Physician's Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST CONTACT INFORMATION FOR A PERSON OUT OF THE SAN DIEGO AREA  
CODES IN CASE OF AN EMERGENCY IN WHICH LOCAL PHONE LINE ARE NOT AVAILABLE.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## School Year 2017 - 2018

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### PERMISSION TO ADMINISTER PAIN RELIEF MEDICATION

The office staff may administer children's \_\_\_\_\_ acetaminophen (i.e. Tylenol) or \_\_\_\_\_ ibuprofen (i.e. Advil) when my child has a headache. (Please check one or both)

\_\_\_ I wish to be called prior to administering.

\_\_\_ I wish to be called after administering.

\_\_\_ There is no need to call

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### PARENT REQUEST FOR MEDICATION

If this section does not apply to your child, you do not need to sign.

My child, named above, is under the care of \_\_\_\_\_ and will  
(Physician)  
need to take \_\_\_\_\_ at school.  
(Medication)

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Time(s) to be administered: \_\_\_\_\_

Should medication be refrigerated? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are there possible side effects to be aware of? \_\_\_\_\_ YES \_\_\_\_\_ NO

If 'YES' please specify: \_\_\_\_\_

Any additional instructions and/or information: \_\_\_\_\_

\_\_\_ I give my permission to the staff of The Child's Primary School to administer this medication as instructed above.

Should the physician's medication orders be discontinued and/or changed, I will inform the school office of such changes immediately.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## PERMISSION FOR PARK RECREATION AND WALKING TRIPS

I hereby grant permission for my child, \_\_\_\_\_  
*Child's Name*

to leave The Child's Primary School premises at any time during  
the **2017 – 2018** school year, under the supervision of a staff  
member, for the purpose of recreation in the park next door or  
walks in the area.

**Signed: Parent:** \_\_\_\_\_

**Parent:** \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_



## Important Mailing List, 2017 - 2018

There are so many fun and exciting things that happen throughout the year at TCPS. We would love to share what is happening here at our wonderful school with those near and far. Do you have relatives and/or friends that you would like us to add to our mailing list? If so, please write their names and addresses below. Thank you.

**ALL TCPS FAMILIES ARE AUTOMATICALLY ADDED TO THE LIST.**

Family name: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_  
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State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_  
E-mail \_\_\_\_\_