



Welcome to the 2010 - 2011 Child's Primary School Year

Please read the following information carefully and **return all required forms** to the office **by August 9, 2010**. If you have any questions, the office is open Monday through Friday from 9:00 AM to 3:00 PM during 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
- A special section on our Parent Group
- And more!

Enjoy your summer!

Jim Price
Executive Director

• **IMPORTANT DATES**

- **Summer Spruce-Up:** August 21, 9:00 AM – 3:00 PM
- **Parent Conferences:** August 30 – September 2
- **Student Classroom Visits:**
 - Kindergarten: Wednesday, September 1
 - Grades 1 – 8: Thursday, September 2
 - First Day of Classes: Tuesday, September 7
- **Parent Potluck Dinner:** Wednesday, September 1, 6:30 – 9:00 PM

FORMS TO BE RETURNED:

- Emergency Care Information Form (2 pages)
- Permission for Pain Relief Medication/Request for Medication Form
- Authorization to Consent – Treatment of a Minor (New Students Only)
- Walking Field Trip Permission Form
- Mailing List Form



The Child's Primary
SCHOOL
 A learning community since 1983.

3811 Mt. Acadia Blvd., San Diego, CA 92111
 Phone: (858)576-2120; FAX: (858)576-2445

EMERGENCY CARE INFORMATION 2010 – 2011

In case of an emergency, the school staff 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 _____

THE FOLLOWING PERSONS ARE AUTHORIZED TO TAKE THE CHILD FROM THE FACILITY

- | | |
|----------|-----------|
| 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

BOTH PARENTS MUST SIGN



School Year 2010 - 2011

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 _____

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 _____



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PLEASE NOTE: THIS FORM MUST BE NOTARIZED, but then remains in effect for as long as your child is enrolled at The Child's Primary School.

- This form gives medical staff permission to treat your child if the school is unable to reach either parent and has to take your child to a hospital.
- Without this form on file your child will **not be able to participate** in any off-site field trips.
- Only one parent must sign the form in order for it to be valid unless both parents do not have legal custody. In such a case, the parent with custody must sign and write "*Legal Custody*" after signature.
- If legal guardian signs, copies of *Letters of Guardianship* must accompany this form.

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Authorization to Consent Treatment of Minor

I, the undersigned, parent/legal guardian of _____, a minor, do hereby authorize The Child's Primary School as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff of Children's Hospital or whatever hospital or medical facility the agent of The Child's Primary School deems appropriate to the individual situation. This authorization applies whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Legal Guardian: _____ Date: _____



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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 **2010 – 2011** 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: _____



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New Family Directory Information Form

2010 - 2011

TCPS publishes a Family Directory designed to provide information that will help families get to know each and network more effectively. It is combined with the Parent Handbook to create a comprehensive resource for our families. Please respect the privacy of our students and their families by using the directory only for personal purposes.

Please complete this form and return it along with your other TCPS paperwork **no later than August 9, 2010**. The sooner we have this information, the sooner we will be able to compile the directory and have it available to the members of our TCPS community.

I give my permission for our names, address, telephone number, and other information listed below to be included in the **2010 – 2011 TCPS Family Directory**. This directory is distributed only to The Child's Primary School families and is used only for school purposes.

Signature: _____
(Only one parent needs to sign)

Child's Name: _____ **Grade:** _____

Birth Date (Day & Month only): _____

Street Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Siblings: _____

Parent's/Guardian's Name: _____ **Email:** _____

Occupation: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Street Address (if different): _____

City: _____ Zip Code: _____

Parent's/Guardian's Name: _____ **Email:** _____

Occupation: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Street Address (If different): _____

City: _____ Zip Code: _____

Please check here if you are unable to receive **The Tuesday Notice & Parent Page** via email.



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Important Mailing List, 2010 - 2011

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 _____

Email _____

Name _____

Address _____

City _____

State, Zip _____

Relationship _____

Email _____

Name _____

Address _____

City _____

State, Zip _____

Relationship _____

Email _____

Name _____

Address _____

City _____

State, Zip _____

Relationship _____

Email _____

Name _____

Address _____

City _____

State, Zip _____

Relationship _____

E-mail _____

You are cordially invited to attend
The Child's Primary School's annual

Back to School Night

&

Welcome Potluck

Wednesday, September 1, 2010

6:30 PM to 9:00 PM

To kick-off the school year, The Parent Group (TPG) hosts
a parent-only potluck dinner where you will:

Meet the Board of Trustees, Teachers, and Staff

Visit with other TCPS parents

Meet with your child's teacher for a Classroom orientation

Learn about volunteering opportunities with TPG

Each family is asked to bring a dish to serve approximately 8 people. Please
remember to bring serving utensils.

Drinks provided by TPG.

Potluck Assignments

Kindergarten through 3rd Grade - Main Course/Entrée

4th through 6th Grade - Salad

7th and 8th Grade - Dessert

We are looking forward to seeing you!

For further information please contact: Schuyler Twyman, skymom2@yahoo.com