



City of Tustin Parks and Recreation Department
The Annex at Tustin Legacy – 15445 Lansdowne Rd, Tustin, CA 92782

Child Care Program

Please complete **ONE** form **PER CHILD**.

CHILD'S NAME	AGE	GENDER
ADDRESS	CITY	ZIP

Parents/Guardians:

NAME	RELATIONSHIP
PLEASE CHECK BOX IN BEST CONTACT NUMBER	
HOME PHONE <input type="checkbox"/>	WORK PHONE <input type="checkbox"/>
CELL PHONE <input type="checkbox"/>	<input type="checkbox"/>
E-MAIL ADDRESS:	
<small>(THIS MIGHT BE USED TO RELAY IMPORTANT CHILD CARE PROGRAM INFORMATION)</small>	

NAME	RELATIONSHIP
PLEASE CHECK BOX IN BEST CONTACT NUMBER	
HOME PHONE <input type="checkbox"/>	WORK PHONE <input type="checkbox"/>
CELL PHONE <input type="checkbox"/>	<input type="checkbox"/>
E-MAIL ADDRESS:	
<small>(THIS MIGHT BE USED TO RELAY IMPORTANT CHILD CARE PROGRAM INFORMATION)</small>	

Please list name(s) of those authorized to pick up your child:

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

In case of emergency, please notify: (PARENTS/GUARDIANS WILL BE CALLED FIRST!)

NAME #1	PHONE
ADDRESS	CITY
RELATIONSHIP	ZIP
NAME #2	PHONE
ADDRESS	CITY
RELATIONSHIP	ZIP

Over →

CHILD'S NAME: _____

1. Does your child have any allergies? YES NO
If yes, please list: (bee stings, peanuts, medication, etc.)

2. Is your child currently on medication? If yes, please specify: YES NO
(Any medication that needs to be given by child care program staff must be in original package with dosage amount)

3. Does your child have any physical injury or limitation that may constrain his/her participation in the Child Care Program? If yes, please specify: YES NO

4. Does your child wear any appliances? (glasses, hearing aid, etc.) YES NO
If yes, please specify:

5. Additional information coordinators/leaders should be aware of:

Liability Release:

I agree to protect, indemnify, and hold harmless the City of Tustin, the Tustin Unified School District, their officers, agents, and employees from all loss, damage and claims, liability, or claims resulting from their programs. In case of accident or other emergency, personnel of the City of Tustin and/or its Parks and Recreation Services and/or Contract employees are hereby authorized to secure medical attention for participant. By enrolling in a Tustin Parks and Recreation Services class you have consented to have you/your child's photograph taken for the use in future publications.

Parent Signature	Date
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Tustin Staff Only:

<input type="checkbox"/> Form completed/signed by parent	Medication(s) to be given? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Allergies reviewed by staff	Medications returned to parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Reviewed sunscreen needs	Date: _____ Staff _____	
<input type="checkbox"/> AM Class	<input type="checkbox"/> PM Class	<input type="checkbox"/> Middle School