



Tracy Unified School District
TK/Kindergarten Summer Bridge Program
June 2026 Registration Packet



TK/Kindergarten Summer Bridge Program

DATES: June 8-18, 2026 (no school June 19)
TIME: 8:30 am to 12:00 pm
PLACE: South West Park Elementary School
500 W. Mount Diablo Ave. Tracy, CA 95376



Complete the attached forms and return to your zoned school for TK/Kindergarten along with your registration paperwork.

OR

Email directly to: Tasha Mathews tmathews@tUSD.net

OR

Deliver to: School Readiness Enrollment Office
South West Park Elementary
500 W. Mount Diablo Avenue
(209) 830-3355

Space is limited, submit your registration packet early!

JUNE 8-18, 2026, 8:30 am-12:00 pm – South West Park Elementary School

Child's Race/Ethnicity:				
☐ Alaska Native/American Indian	☐ Hispanic/Latino	☐ White	☐ Asian	☐ Other
☐ Black/African-American	☐ Pacific Islander	☐ Multiracial	☐ Decline	
Parent's Race/Ethnicity:				
☐ Alaska Native/American Indian	☐ Hispanic/Latino	☐ White	☐ Asian	☐ Other
☐ Black/African-American	☐ Pacific Islander	☐ Multiracial	☐ Decline	

If **YES**, which school and/or program? _____
Name of School City, State



**Tracy Unified School District
School Readiness Preschool Programs**



MEDIA CONSENT AND RELEASE FORM

Tracy Unified School District (TUSD) occasionally takes photos or writes stories about the families being served in TUSD funded programs. I understand that photographs taken of me or my child and statements made by me or my child while participating in the program may be used in communication materials. I hereby give TUSD permission to:

- Take my and/or my child's photo.
- Use statements made by me and/or my child.

In addition, I give permission to TUSD and its affiliates to use stories and/or pictures in a variety of ways that may include, but are not limited to: newsletters, brochures, websites, magazines, social media, and newspapers. I further understand that my name and my child's name will not be published. Images and content may be used without any further notification.

DATE

CHILD'S NAME

PARENT/GUARDIAN'S SIGNATURE

PARENT/GUARDIAN'S PRINTED NAME

Student's Name: _____ Birthdate: _____ Grade: _____

TRACY UNIFIED SCHOOL DISTRICT EMERGENCY TREATMENT FORM

Note: If the information listed below changes at any time during the school year, notify the office immediately!

The Tracy Unified School District's Emergency Treatment Policy for student injury and illness at school permits school personnel to dial "911", the emergency telephone number. With authorization, emergency medical treatment can be provided. For other than life-sustaining treatment, the medical professionals require the parent/guardians' authorization before emergency treatment can be administered.

In the event of serious injury or illness, school personnel will immediately attempt to notify the parent/guardian. If the parent/guardian cannot be reached, and this form is on file in the school office, the school will be authorized to arrange transportation of the student for emergency medical treatment. This form also authorizes a medical professional on duty to perform emergency treatment.

Please complete this form below and return it immediately to your child's school to be placed on file in the school office. Thank you for your cooperation. ***PLEASE PRINT LEGIBLY***

Parent/Guardian's name with whom child is residing: _____

Circle if Parent or Guardian

Parent #1/Guardian's Name: _____ Address: _____

Employer Name/address: _____ House # _____ Cell# _____ Work# _____

Parent #2/Guardian's Name: _____ Address: _____

Employer Name/address: _____ House # _____ Cell# _____ Work# _____

Emergency contact persons by priority, if unable to contact parent/guardian: Please **list LOCAL names**, if possible.

1. Name: _____ Relationship: _____ Phone #: _____ Cell # _____

2. Name: _____ Relationship: _____ Phone #: _____ Cell # _____

3. Name: _____ Relationship: _____ Phone #: _____ Cell # _____

4. Name: _____ Relationship: _____ Phone #: _____ Cell # _____

Does your child have any medical disorders? Please describe:

Doctor's Name: _____ Phone #: _____

Insurance Company name: _____ Policy #: _____

AUTHORIZATION FOR EMERGENCY TREATMENT AND TRANSPORTATION

I authorize Tracy Unified School District to dial "911" and to arrange emergency transportation to an emergency treatment center or hospital for my child is s/he is seriously injured or ill.

The undersigned has authorized necessary emergency treatment for the patient whose name appears above and that the treatment and procedures will be performed by medical professionals. The undersigned understands that a personal physician is to be selected by, or on behalf of, the patient within 24 hours if hospitalization or further treatment is required, or immediately, if complications arise.

Financial Responsibility: Parents are reminded that financial responsibility including all costs of paramedic, transportation, hospitalization, and any examination, treatment, or x-ray provided shall be the parent/guardian's responsibility should emergency treatment become necessary.

The undersigned has read the above authorization and understands the same and certifies that no guarantee or assurance has been made as to the result that may be obtained. This authorization for emergency treatment and transportation will remain in effect during the time the student is enrolled in a Tracy Unified School District School or program. Authorization is also hereby granted for release to all insurance companies and agencies such information as may be necessary for completion of hospitalization claims.

Parent/Guardian Signature: _____ **Date:** _____

(Feb. 5, 2010)