

TRINITY PRESBYTERIAN PRESCHOOL  
**CO-OP ADULT PARTICIPATION REQUIREMENTS**

In compliance with operational guidance, Licensing and state law, **ALL** co-oping adults are required to have on file:

1. **Volunteer Release Form** (available on Admissions page)  
*This form must be on file for all co-oping adults.*
2. **Pertussis** (Whooping Cough) vaccination  
*Commonly administered with tetanus via a combo vaccine called Tdap*
3. **Measles** vaccination  
*Most commonly administered via the combo vaccine MMR but may have been administered independently. For our co-oping grandparents, please be advised that those born prior to 1957 are exempt from the Measles vaccine requirement.*
4. **Negative TB (Tuberculosis) Test**  
*The results of a skin or blood test may be submitted. In the event the result is positive, a negative chest x-ray is necessary to meet the requirement. Results must be obtained within the 12 months prior to the start of the school year. **A new TB test is required for each newly enrolled child.***
5. **Influenza** Vaccination or Declination Form  
*Must be submitted annually. The vaccination must be obtained between August 1 and December 1.*

Pertussis, Measles, and TB results need to be submitted once when a child starts at Trinity. The Influenza requirement is annual. *If not already on file, Pertussis, Measles and TB requirements must be met by August 1 and returned with your enrollment paperwork. Proof of the Influenza vaccination or the Declination Form (attached) must be returned to the school office no later than December 1.*

Compliance with the above medical requirements can be secured by submitting **hardcopies only** of:

1. An immunization record documenting Pertussis and Measles vaccines\*\*; **or**  
A signed letter from a licensed physician documenting your immunity to Pertussis and Measles; **or**  
A signed letter from a licensed physician declaring that immunization is unsafe for you due to a physical condition or medical circumstance.
2. A copy of your TB test results (test must be within 12 months of the start of the school year). **Required with each new student.**
3. A copy of your Influenza vaccination obtained between August 1 and December 1 of the current school year, or submission of the Influenza Vaccination Declination Form.

\*\* Proof of immunity is often obtained during pregnancy. Please check with your Physician / OB.

**Please proceed to cover form on next page.**

TRINITY PRESBYTERIAN PRESCHOOL  
**CO-OP ADULT PARTICIPATION COVER SHEET**

1. **Please complete one form per co-oping adult.**

2. Attach all required documentation. **Incomplete sets, or emailed results will be returned.**

Date: \_\_\_\_\_

Child(ren)'s Last Name: \_\_\_\_\_

Class(es):     Early Twos         Late Twos         MWF3s         Pre-K

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Please print.*

**Volunteer Release and Waiver of Liability:**

I have submitted the Volunteer Release form with my child's enrollment paperwork.

**or**

I am a non-parent/ guardian family member and have attached the Volunteer form.

**Immunization Status**

**Returning Student:** My child attended last year and I have Pertussis, Measles and TB records on file.

**or**

**New Student (Sibling):** I co-oped last year and my records are on file. **I have attached a current TB test.**

**or**

**New Student:** I have attached proof of Pertussis and Measles\*\* immunity and a negative TB test result.

\*\* I was born prior to 1957 and am exempt from the Measles vaccine requirement.

**Medical Exemption:** I have attached a letter from my physician detailing a medical exemption.

**Flu Vaccination**

I am intending to obtain an Influenza vaccine between August 1 and December 1 and will forward the results by December 2.

**or**

I have attached the Influenza Vaccination Declination Form.