



# TBT Pre-School Year 2018-2019

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Parent #1 Name \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent#2 Name \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Preschool Hours 9-12:45**

**TODDLER Hours 9-11:30**

Select your choices

Temple Member	NON Temple Member	Extended Care
	TTH \$ 252	M T W TH F
If you are Temple Member	MWF \$ 365	\$50 per month per day
You will receive 10% off the	5 days \$ 565	
Tuition costs.	TODDLERS	TODDLER lunch program
	TTH \$ 265	11:30 to 1 pm
	MWF \$ 365	\$ 40 per month per day
	5 days \$ 585	M T W TH F

Your monthly tuition includes: healthy snacks, supplies, Kindermusic, Exercise program, science, gardening and art.

Payment is due the first of each month starting in August 1, 2018. (10 equal payments)

Registration fee is non refundable \$110.00 plus \$25 security: Ck # \_\_\_\_\_

Allergies or other problems:

\_\_\_\_\_

Parent #1 Occupation \_\_\_\_\_ Parent #2 Occupation \_\_\_\_\_

Names of people to contact if parents are unavailable. (required by California law)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

I give my permission for my child to receive necessary emergency treatment: YES NO

If NO then please explain \_\_\_\_\_

Make check payable to "Temple Beth Torah"

PARENT'S OR GUARDIAN'S SIGNATURE

\_\_\_\_\_

Fill out the reverse side.

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Other information if applicable. Please put NA if it does not pertain to you.

My child attends another school on days he/she is not at Temple Beth Torah.  
Where \_\_\_\_\_?

My child has had the following:

- 1) Hearing \_\_\_\_\_
- 2) Speech \_\_\_\_\_
- 3) Occupational Therapy \_\_\_\_\_
- 4) Sensory issues \_\_\_\_\_
- 5) Vision \_\_\_\_\_

We have received help from this agency \_\_\_\_\_

Our staff will be evaluating each child in October (Toddlers not included) to see what areas we, as educators, can help in providing the best education/experience possible for your child. A formal Parent and Teacher Conference will be held in February. Please keep your child's teacher informed about any issues that your child may have in order to help the teacher individualize their learning.

[www.templebethtorah.com](http://www.templebethtorah.com)

[www.tbtpreschoolventura.com](http://www.tbtpreschoolventura.com)

email to : [childrensworldnurseryschool@yahoo.com](mailto:childrensworldnurseryschool@yahoo.com)

phone number if you have question: 805-647-3798