

TBT Pre-School Year 2019-2020

Child's Name	Birth Date	
Address		
Email Address	·	
Parent #1 Name		
Parent#2 Name	Day Phone #	Cell #
Preschool Hours 9-12:45		
Select your choices		
Temple Member	NON Temple Member	Extended Care
	TTH \$ 255	M T W TH F
If you are Temple Member	MWF \$ 368	\$70 per month per day
You will receive 10% off the	5 days \$ 565	
Tuition costs.	TODDLERS	TODDLER lunch program
	TTH \$ 284	11:30 to 1 pm
	MWF \$ 392	\$ 40 per month per day
	5 days \$ 598	M T W TH F
Registration fee is non refur Allergies or other issues:	iaddie \$110.00 pius \$25 s	security: CK #
Parent #1 Occupation		
Names of people to contact if	parents are unavailable. (r	required by California law)
Name	F	Phone
Name		
Doctor	Phone	
I give my permission for my cl		
If NO then please explain	•	•
Make check payable to "Tem PARENT'S OR GUARDIAN'S	•	

Fill out the reverse side.

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 or is receiving 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 www.tbtpreschoolventura.com

email to: childrensworldnurseryschool@yahoo.com

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