

TBT Pre-School Year 2021-2022

Child's Name	Birth Datem_f	
	City Zip	
	Email Address	
	Day Phone #	
Email		
	Day Phone #	Cell #
Email	,	
	:30 (young 3s) TODDLER I	Hours 9-11:30 Early Twos
Select your choices		•
Temple Member	NON Temple Member	Extended Care (young 3s)
	TTH \$ 298	M T W TH F
If you are Temple Member	MWF \$ 420	\$70 per month per day
You will receive 10% off the	5 days \$ 645	
Tuition costs.	TODDLERS	TODDLER lunch program
	TTH \$ 295	11:30 to 1 pm
	MWF \$ 407	\$ 40 per month per day (circle)
	5 days \$ 598	M T W TH F
Allergies or other issues:		
Parent #1 Occupation	Parent #2 Occ	cupation
Names of people to contact in	f parents are unavailable. (requ	uired by California law)
Name	Phone	
Name		
Doctor		
	child to receive necessary emer	
		•
Make check payable to "Ter 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.

<u>www.templebethtorah.com</u> www.tbtpreschoolventura.com

 $email\ to: \underline{childrensworldnurseryschool@yahoo.com}$

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