

Registration 2021 to 2022

Child's Name _____ Birth Date _____ M_F_
 Address _____ City _____ Zip _____ Phone _____
 Parent's Name _____ Day Ph # _____ Cell # _____
 Parent's Name _____ Day Ph # _____ Cell # _____

Select Choices Please circle all your choices. Payment due the 1st of the month. You may sign up for credit card payments, pay by check or cash.

TTH 298.00	Reggio 3s TTH 340.00	Reggio 4s TTH 340.00
MWF 420.00	Reggio 3s MWF 484.00	Reggio 4s MWF 484.00
5 days 645.00	Reggio 3s 5 days 685.00	Reggio 4s 5 days 685.00
<i>Hours 8:30 to 12:30</i>	<i>Hours 8:30 to 1:00</i>	<i>Hours 8:30 to 1:00</i>
<i>Children bring their lunch and snack</i>	<i>Children bring their lunch and snack</i>	<i>Children bring their lunch and snack</i>
Trans -K 5 before March '22	<i>Enrichment (see flier)</i>	M T W TH F
TTH 298	\$65.00 per class per month	<i>DROP IN LUNCH \$18</i>
MWF 420 M-F 645	Enrichments listed in August	If there is room and 24 hours notice is required
<i>Children bring their lunch and snack</i>	\$46.00 lunch/stay day per month	
<i>Hours 8:30 to 12:45</i>	Child brings lunch	

LATE STAY 5:30 M-TH and 4:00 pm Friday M T W TH F \$70 a month for one day a week. Drop in if there is room is \$30 (24 hour notice)

Your monthly tuition includes: supplies, music, an exercise program, gardening, science, art programming and special guests.

Our program is fully funded by parent tuition.

Does your child have any Allergies or other issues we should know about?

Parent 1's Occupation _____ email _____

Parent 2's Occupation _____ email _____

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

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____ (OVER)

I give my permission for my child to receive necessary emergency treatment: YES NO
If NO then please explain _____

Registration fee is non-refundable (\$110.00 plus security \$25.00 = \$135)

Check# _____

Make check payable to "TBT" Parent or Guardian Signature _____

Other information if applicable. Please put NA if it does not pertain to you and fill out the ones that do.

My child has/had or is currently receiving assistance with:

- 1) Speech _____
- 2) Occupational Therapy _____
- 3) Vision _____
- 4) Hearing _____
- 5) Sensory Issues _____

My child goes to Day Care in addition to Preschool.

Where _____

Our staff will be evaluating each child in October to see what areas we, as educators, can help in providing the best education/experience possible for your child. Formal Parent /Teacher conferences will occur in February. If you or your teacher has any questions at any time, a conference can be called.

Other information that would be helpful to us:

Childrensworldnurseryschool@yahoo.com

<http://www.childrensworldventura.com>

Phone number to call with questions: 805-647-3798