

# Registration 2023 to 2024

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M\_F\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

Parent's Name \_\_\_\_\_ Day Ph # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Day Ph # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent 1's Occupation \_\_\_\_\_ email \_\_\_\_\_

Parent 2's Occupation \_\_\_\_\_ email \_\_\_\_\_

Your monthly tuition includes: supplies, music, an exercise program, gardening, science, art programming, processing fees and special guests. Our program is fully funded by parent tuition.

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

<b>TRADITIONAL PRESCHOOL</b>	Trans -K 5 before March '23	<b>REGGIO</b>
<b>TTH 330.00</b>	<b>TTH 360.00</b>	<b>Reggio 4s TTH 370.00</b>
<b>MWF 465.00</b>	<b>MWF 495.00</b>	<b>Reggio 4s MWF 525.00</b>
<b>5 days 695.00</b>	<b>M-F 720.00</b>	<b>Reggio 4s 5 days 755.00</b>
<b>Hours 8:30 to 12:30</b> <b>Children bring their lunch and snack</b>	<b>Hours 8:30 to 12:45</b> <b>Children bring their lunch and snack</b>	<b>Hours: 8:30 to 12:45</b> <b>Children bring their lunch and snack</b>
<b>LATE STAY: M-TH until 5:30 and Friday 4:00 pm</b>	<b>\$75 per month for one day a week</b>	
<b>Circle the days you might be interested in staying:</b>	<b>M T W TH F</b>	<b>ENRICHMENTS AVAILABLE IN AUGUST</b>
<b>Early Care 2.00 per 15 min</b>	<b>Billed for what is used</b>	

**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:**

**(\$115.00 plus facility security \$35.00 = \$150)**

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 \_\_\_\_\_
- 6) Other \_\_\_\_\_

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:

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**Childrensworldnurseryschool@yahoo.com**

**<http://www.childrensworldventura.com>**

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

