

**TBT Pre-School Year 2023-2024**



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ \_m\_ f\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent #1 Name \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_  
 Parent#2 Name \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_

**Preschool Hours 8:30-12:30 (young 3s) TODDLER Hours 9-12:00 Early Twos**  
 Select your choices

Opportunities to learn about	TBT Preschool	TODDLERS
The Holidays, Jewish Rituals,	TTH \$ 330	TTH \$ 320
Some Hebrew Blessings,	MWF \$ 465	MWF \$ 455
Time in the Sanctuary,	5 days \$ 695	5 days \$ 675
And other activities.....		TODDLER stay & play
		12:00 to 1 pm
		\$ 45 per month per day (circle)
		M T W TH F

Your monthly tuition includes: music, supplies, enrichment programs, science, art, processing fees, and more.

Registration fee is non refundable \$115.00 plus \$35 security=\$150: Ck # \_\_\_\_\_

Make check payable to "Temple Beth Torah"

**Allergies or other issues:**

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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 \_\_\_\_\_

**PARENT'S OR GUARDIAN'S SIGNATURE**

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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/daycare 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 \_\_\_\_\_
- 6) Other \_\_\_\_\_

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: office 805-647-3798