

Registration 2025 to 2026 DUAL IMMERSION

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 1st of each month. You may sign up for credit card payments, pay by check or cash. Credit Card payments are deducted mid month.

| | | |
|---|---|--|
| DUAL IMMERSION | Learn phrases, daily verbiage, Basic words, numbers, salutations, etc. | Learning Latin/Hispanic culture, baking cultural foods and celebrations |
| English & Spanish | Opportunity to acquire another language. | Learning songs. |
| Ages 4 and up | | |
| TTH 363.00 | | |
| MWF 510.00 | | |
| 5 days 760.00 | | |
| Hours 8:30 to 12:30 Children bring their lunch and snack | | |
| LATE STAY: M-TH until 5:30 and Friday 4:00 pm | | |
| Circle the days you are interested in staying: | \$80 month for one day wk M T W TH F | |
| Early Care 2.00 per 15 min Starting at 7:30 am | Billed for what is used | ENRICHMENTS FORMS AVAILABLE IN AUGUST |

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 _____

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:

Speech ___ Occupational Therapy ___ Vision ___ Hearing ___ Sensory Issues ___ Other _____

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