

Registration 2025 to 2026

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, 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.

TRADITIONAL PRESCHOOL	Trans –K 5 before March 1 '26	REGGIO
TTH 363.00	TTH 395.00	Reggio 4s TTH 400.00
MWF 510.00	MWF 545.00	Reggio 4s MWF 555.00
5 days 760.00	M-F 780.00	Reggio 4s 5 days 790.00
Hours 8:30 to 12:30 Children bring their lunch and snack	Hours 8:30 to 12:45 Children bring their lunch and snack	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 T H 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 _____

My child has been assessed and we will provide documents _____

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