

Rirth Date

TBT Pre-School Year 2025-2026

Child's Name

| TOD | DL | E F | RS |
|-----|----|------------|----|

M T W TH F \$80 per month per day (\$400

for M-F)

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|----------------------------------|-------------------------|---|
| Address | City | _Zip Phone |
| Parent #1 Name | Day Phone # | Cell # |
| Email | | |
| Parent#2 Name | Day Phone # | Cell # |
| Email | | |
| TODDLER Hours 9-12:00 | Early Twos Must be | e two by September 30. |
| Select your choices | | |
| Opportunities to learn about | TODDLERS CIRCLE | CLASS RATIO 2 teachers to 8-9 children |
| The Holidays, Jewish Rituals, | TTH \$357 | |
| Some Hebrew Blessings, | MWF \$505 | |
| Time in the Sanctuary, | 5 days \$ 730 | |
| And other activities | TODDLER stay & play | Toddler Late Care |
| | 12:00 to 1 pm cost is | 12:00 to 5:30 M-TH |
| | \$ 50 per month per day | 12:00 4:00 Fridays |

Your monthly tuition includes: music, supplies, enrichment programs, science, art during school, processing fees, and more. Your monthly fees do not include Credit Card charges/fees.

(circle your choices

| Registration fee is non refundable \$1 | 115.00 plus \$35 security=\$150: Ck # |
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|--|---------------------------------------|

Make check payable to "Temple Beth Torah"

ALLERGIES OR OTHER ISSUES

| Names of people to contact if parents a | re unavailable. (required by California law) |
|---|--|
| Name | Phone |
| Name | Phone |
| DOCTOR | Phone |
| I give my permission for my child to rece | eive necessary emergency treatment: YES NO |
| If NO then please explain | |
| PARENT'S OR GUARDIAN'S SIGNATURE _ | |
| ************* | ************ |
| Other information if applicable. Please put | NA if it does not pertain to you. |
| My child attends another school/daycare or? | n days he/she is not at Temple Beth Torah. Where |
| My child has/ had or is rec | eiving the following: |
| Hearing Speech (| Occupational Therapy |
| Sensory Vision | |
| We have received help from this agency | |
| MY child has been assessed and we will p | provide the documents. |

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

www.tbtpreschoolventura.com

email to: childrensworldnurseryschool@yahoo.com

phone number if you have question: office 805-647-3798