

Temple Beth Torah Pre-School Year 2010-2011

Child's Name _____ Birth Date _____

Address _____ City _____ Zip _____ Phone _____

Email Address _____ Email Address _____

Parent #1 Name _____ Day Phone # _____ Cell # _____

Parent#2Name _____ Day Phone # _____ Cell # _____

Circle Choice for enrollment: **MEMBER** Mon-Fri (\$452) MWF (\$285) TTH (\$195)

NON-MEMBER Mon-Fri (\$472) MWF (\$305) TTH (\$210)

Security Fee \$25.00 yearly (paid with September tuition)

Payment(TBT) is due the first of the month. Please return to the Preschool Office.

Allergies or other problems:

Parent #1 Occupation _____ Parent#2 Occupation _____

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 (\$85.00) Paid _____ Check# _____ Date paid _____

Make check payable to "Temple Beth Torah"

PARENT'S OR GUARDIAN'S SIGNATURE _____

Other information if applicable. Please put NA if it does not pertain to you and fill out the ones that do.

My child attends another school on days he/she is not at Temple Beth Torah.
where? _____.

My child has had the following:

Early Intervention through Ventura Schools. _____

Speech Intervention. _____

Occupational Therapy. _____

Visual Intervention. _____

Audio Intervention. _____

Easter Seals Intervention. _____

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. Their teacher, in the developmental areas of their age group, will assess your child. Once assessment is completed, information will go home. If you or the teacher have any questions at that time, a conference can be called.

Web: www.TempleBethTorah.com email to : childrensworldnurseryschool@yahoo.com