

**Yaldaynu Preschool**

251 W 100th Street, New York, NY 10025

T: (212) 866-4993

F: (212) 866-1346

office@yaldaynu.org

## Application 2019 -20

**Child's Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child's Nickname** \_\_\_\_\_ **Age as of September 2019** \_\_\_\_\_

**Child's Hebrew Name (if applicable):** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer's Name:** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer's Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Siblings:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Synagogue Affiliation (optional):** \_\_\_\_\_

**What language(s) does your child speak at home?** \_\_\_\_\_

**Previous Group Experience(s) & Dates Attended:** \_\_\_\_\_

**General Health Considerations (health problems, special needs, allergies):**

Is your child receiving services (Early Intervention, Speech Therapy, OT, PT)? If so, does your child have an IEP?

**How did you hear about Yaldaynu Preschool? :** \_\_\_\_\_

**See reverse for class options →**

Program Options 2019-2020

- ☐ I am applying to the Early Admissions option (response due in mid-January)
- ☐ I am applying to the Regular Admissions option (response due in early March)

**1. Blue Door – 2's & Young 3's – Children turning 2 by August 31, 2019**

8:45 AM – 12:15AM

Optional after school from 12:30PM – 2:30 PM

☐ 3 days

☐ 4 days

☐ 5 days

Preference of days: \_\_\_\_\_

We will do our best to accommodate your request, however, due to space limitations, we may not be able to honor all requests.

**3. Red Door — 3's/4's – Children turning 3 by August 31, 2019**

8:30 AM – 12:30 PM

Optional after school from 12:30PM – 2:30 PM

☐ 4 days

☐ 5 days

Preference of days: \_\_\_\_\_

We will do our best to accommodate your request, however, due to space limitations, we may not be able to honor all requests.

**4. Yellow Door – 4's/5's – Pre-K**

8:30 AM – 12:30 PM

Optional after school from 12:30PM – 2:30 PM

☐ 5 days

**Class placement is determined by many factors, including birth date and play interview.**

Please submit with a \$100 application fee by **December 1<sup>st</sup>, 2018**  
through Zelle ([office@yaldaynu.org](mailto:office@yaldaynu.org)) or made payable to **Yaldaynu Center Inc.**  
251 W 100<sup>th</sup> Street, 3<sup>rd</sup> Floor, New York, NY 10025