

Child's Name:		Sex:	Birth Date://
Child's Nickname:	Age as of September 2022:		
Child's Hebrew Name (if applicable):			
Parent/Guardian's Name:		Home P	hone #:
Home Address:		Apt #:	Zip:
Cell Phone #		Email:	
Occupation:	Employer's	Name:	
Employer's Address		Work Ph	one #:
Parent/Guardian's Name:		Home Ph	none #:
Home Address:		Apt #:	Zip:
Cell Phone #:		Email:	
Occupation:	Employer's	Name:	
Employer's Address:		Work P	none #:
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 Atte	ended:		
General Health Considerations (health pro	blems, spec	cial needs, aller	gies):
Is your child receiving services (Early Interv			
have an IEP?			
How did you hear about Yaldaynu Prescho			



Program Options 2022-2023

Pick one class option, # of days interested in attending, hours interested in attending

A.	Blue Door – Children turning 2 by August 31, 2022
	8:45am – 12:15pm
	Number of days: ☐ 3 days ☐ 4 days ☐ 5 days
	Additional Hours: ☐ Full Day- until 2:30pm* ☐ Extended Day- until 5:30pm*
В.	Red Door – Children turning 3 by August 31, 2022
	8:30am – 12:30pm
	Number of days: ☐ 4 days ☐ 5 days
	Additional Hours: ☐ Full Day- until 2:30pm* ☐ Extended Day- until 5:30pm*
c.	Yellow Door – 4's/5's – Pre-K
	8:30am – 2:30pm*
	Children in this class attend school 5 days/week until 2:30pm.
	Additional Hours: ☐ Extended Day- until 5:30pm*
*Pl	ease note that full day and extended day programming is Monday-Thursday. Friday dismissal is
12:	15pm (Blue Door)/ 12:30pm (Red & Yellow Doors).

Please submit with a \$100 application fee by December 20th, 2021

Payments can be made via Zelle (office@yaldaynu.org) or check payable to Yaldaynu Center Inc.

Checks should be mailed to: 251 W 100th Street, 3rd Floor, New York, NY 10025