

Child's Name:	Sex: Birth Date:///	
Child's Nickname: A	Age as of September 2026:	
Child's Hebrew Name (if applicable):		
Parent/Guardian's Name:	Home Phone #:	
Home Address:	Apt #: Zip:	
Cell Phone #	Email:	
Occupation:E	Employer's Name:	
Employer's Address	Work Phone #:	
Parent/Guardian's Name:	Home Phone #:	
Home Address:	Apt #: Zip:	
Cell Phone #:	Email:	
Occupation:E	Employer's Name:	
Employer's Address:	Work Phone #:	
Siblings: Names, Ages, Schools:		
Synagogue Affiliation (optional):		
Previous Group Experience(s) & Dates Atter	nded:	
General Health Considerations (health prob	plems, special needs, allergies):	
Has your child been referred for Early Interv	vention, Speech Therapy, OT, PT? If so, do they have a	an
IEP/other reports? Please share the most re	ecent reports with us	
Does your child have any fears? If so, please	e describe	
If your child is applying to other schools, wh	nich ones?	
Is there anything else we should know abou	ut your child?	
How did you hear about Yaldaynu Preschoo	bl?	
	See reverse for class options	, —)

Program Options 2026-2027

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

Please note that full day and extended day programming is Monday-Thursday. Friday dismissal is 12:15pm (Blue Door)/ 12:30pm (Red & Yellow Doors).

A. Blue Door – Children turning 2 by August 31, 2026

Number of days: \bigcirc 3 days \bigcirc 5 days

Option 1: 8:45am – 12:15pm (half day)

Option 2: 8:45am – 2:30pm (full day)

- Option 3: 8:45am extended hours to be determined
- **B.** Red Door Children turning 3 by August 31, 2026 Children in this class attend school 5 days/week.
 - Option 1: 8:30am 12:30pm (half day)
 - Option 2: 8:30am 2:30pm (full day)
 - Option 3: 8:30am extended hours to be determined
- **C.** Yellow Door 4's/5's Pre-K

Children in this class attend school 5 days/week until 2:30pm.

- Option 1: 8:30am 2:30pm (full day)
- Option 2: 8:30am extended hours to be determined

Please submit with a \$100 application fee.

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