

Child's Name:	Sex: B	irth Date:/
ild's Nickname: Age as of September 2024:		
Child's Hebrew Name (if applicable):		
Parent/Guardian's Name:	Home Pho	ne #:
Home Address:	Apt #:	Zip:
Cell Phone #	Email:	
Occupation: Empl	oyer's Name:	
Employer's Address	Work Phor	ne #:
Parent/Guardian's Name:	Home Phor	ne #:
Home Address:	Apt #:	Zip:
Cell Phone #:	Email:	
Occupation: Empl	oyer's Name:	.
Employer's Address:	Work Pho	ne #:
Siblings: Names, Ages, Schools:		
Synagogue Affiliation (optional):		
Previous Group Experience(s) & Dates Attended	:	
General Health Considerations (health problems	s, special needs, allergi	es):
Has your child been referred for Early Interventi	on, Speech Therapy, O	T, PT? If so, do they have an
IEP/other reports? Please share the most recent	reports with us	
Does your child have any fears? If so, please des	cribe	
If your child is applying to other schools, which o	ones?	
Is there anything else we should know about you		
How did you hear about Yaldaynu Preschool?		

Program Options 2024-2025

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).

The 11-month program includes Yaldaynu's summer camp. Hours differ during camp.

A.	Blue Door – Children turning 2 by August 31, 2024
	Number of days: 3 days 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
	Program:
	10-month (September – June)
	11-month (September – July)
В.	Red Door – Children turning 3 by August 31, 2024
	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
	Program:
	10-month (September – June)
	11-month (September – July)
C.	Yellow Door – 4's/5's – Pre-K
	Children in this class attend school 5 days/week until 2:30pm.
	Option 1: 8:45am – 2:30pm (full day)
	Option 2: 8:45am – extended hours to be determined
	Program:
	10-month (September – June)
	11-month (September – July)

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