

Child's Name:	Sex: Birth Date:/
Child's Nickname:	Age as of September 2023:
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: Names, Ages, Schools:	
Synagogue Affiliation (optional):	
What language(s) does your child speak a	at home?
Previous Group Experience(s) & Dates At	tended:
General Health Considerations (health pr	roblems, special needs, allergies):
Has your child been referred for Early Int	ervention, Speech Therapy, OT, PT? If so, do they have an
IEP/other reports? Please share the most	t recent reports with us
Does your child have any fears? If so, ple	ase describe
Is there anything else we should know at	oout your child?
How did you hear about Yaldaynu Presch	nool?



## **Program Options 2023-2024**

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, 2023  Number of days: □ 4 days □ 5 days □ Option 1: 8:45am – 12:15pm (half day) □ Option 2: 8:45am – 2:30pm (full day) □ Option 3: 8:45am – 5:30pm (extended day)  Program: □ 10-month (September – June) □ 11-month (September – July)
В.	Red Door – Children turning 3 by August 31, 2023 Children in this class attend school 5 days/week until 2:30pm.  ☐ Option 1: 8:30am – 2:30pm (full day) ☐ Option 2: 8:30am – 5:30pm (extended day) 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 – 5:30pm (extended day)  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 100<sup>th</sup> Street, 3<sup>rd</sup> Floor, New York, NY 10025 office@yaldaynu.org | 212-866-4993 | www.yaldaynu.org