



Yeshiva Derech HaTorah
2810 Nostrand Avenue, Brooklyn, NY 11229
(718) 258-4441 • fax (718) 692-2285 • www.ydh.org
Chartered by the Regents of the University of the State of New York



Pre1A Registration Form

PLEASE TAKE THE TIME TO FILL THIS FORM OUT AS ACCURATELY AND THOROUGHLY AS POSSIBLE. BEING HONEST AND UP-FRONT ABOUT ANY SPECIFIC CIRCUMSTANCES WOULD BE IN YOUR CHILD'S BEST INTEREST. THE INFORMATION PROVIDED WILL HELP US CARE FOR YOUR CHILD MOST OPTIMALLY.

STUDENT'S NAME _____
First Middle Last

STUDENT'S HEBREW NAME _____
(Please print in Hebrew letters) Last Middle First

AGE AS OF SEPTEMBER 1ST _____ DATE OF BIRTH _____ BIRTHPLACE _____
Yrs. Mos. MM/DD/YY

ADDRESS _____ ZIP CODE _____

BETWEEN WHICH STREETS _____ HOME TELEPHONE _____

FATHER'S NAME _____ AGE _____ BIRTHPLACE _____

E-MAIL ADDRESS _____ CELL PHONE: _____

OCCUPATION _____ EMPLOYER'S NAME _____
(Previous/Present)

BUSINESS ADDRESS _____ PHONE NO. _____

MOTHER'S NAME _____ AGE _____ BIRTHPLACE _____

E-MAIL ADDRESS _____ CELL PHONE: _____

OCCUPATION _____ EMPLOYER'S NAME _____
(Previous/Present)

BUSINESS ADDRESS _____ PHONE NO. _____

PARENTS MARITAL STATUS:

☐ MARRIED ☐ REMARRIED ☐ SEPARATED ☐ WIDOW/WIDOWER ☐ DIVORCED **Legal Custody:** ☐ shared, ☐ mother, ☐ father

PATERNAL GRANDPARENTS NAME _____ EMAIL _____

PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

MATERNAL GRANDPARENTS NAME _____ EMAIL _____

PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

OTHER CHILDREN IN FAMILY

NAME

AGE

GENDER

SCHOOL ATTENDING

GRADE

OTHER SCHOOLS CHILD HAS ATTENDED _____ ADDRESS _____

CURRENT TEACHER: _____ PHONE NUMBER: _____

PLEASE PROVIDE US WITH INFORMATION THAT MAY APPLY TO YOUR CHILD IN ANY OF THE FOLLOWING CATEGORIES:

EDUCATIONAL NEEDS: _____

DOES YOUR CHILD HAVE AN IEP? ☐ YES ☐ NO

IF YES, PLEASE INDICATE FOR WHICH SERVICES YOUR CHILD IS MANDATED AND HOW OFTEN:

☐ SPECIAL ED _____ ☐ SPEECH _____ ☐ OT _____ ☐ PT _____ ☐ COUNSELING _____

☐ OTHER _____

LANGUAGE(S) SPOKEN AT HOME: _____

SPECIAL FAMILY CIRCUMSTANCES: _____

MEDICAL HISTORY: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? ☐ YES ☐ NO

IF YES, PLEASE INDICATE TO WHAT YOUR CHILD IS ALLERGIC _____

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATIONS? ☐ YES ☐ NO

IF YES, PLEASE INDICATE WHAT YOUR CHILD IS TAKING AND WHAT IT IS MEANT TO ADDRESS _____

USING NUMERALS 1-6 PLEASE INDICATE THE PLAN OF ACTION YOU AUTHORIZE YDH TO TAKE IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT.

_____ CONTACT FATHER _____ AT _____
(Name) (Address) (Phone/cellular)

_____ CONTACT MOTHER _____ AT _____
(Name) (Address) (Phone/cellular)

_____ CONTACT FAMILY PHYSICIAN _____ AT _____
(Name) (Address) (Phone/cellular)

_____ CONTACT RELATIVE OR FRIEND _____ AT _____
(Name) (Address) (Phone/cellular)

_____ TAKE CHILD TO EMERGENCY HOSPITAL # _____ TAKE CHILD TO ANY LICENSED PHYSICIAN

YDH INCORPORATES THE USE OF STUDENTS' PHOTOGRAPHS FOR EDUCATIONAL, CRAFT, AND SCHOOL - BASED PROJECTS. PLEASE ATTACH A CURRENT PHOTO OF YOUR CHILD FOR US TO REFER TO AND USE ACCORDINGLY.

☐ I PERMIT THE USE OF MY CHILD'S PHOTOGRAPH FOR USE AS INDICATED ABOVE.

YDH INCORPORATES LOCAL WALKS AND TRIPS FOR EDUCATIONAL AND RECREATIONAL PURPOSES. THIS MAY INCLUDE TRANSPORTATION BY SCHOOL BUS.

☐ I PERMIT MY CHILD TO BE ESCORTED ON WALKS OR TRIPS AS INDICATED ABOVE BY SUPERVISORY STAFF.

YDH IS PLEASED TO OFFER AN EXTENDED DAY PROGRAM FROM 3:00-4:30 TO PARENTS OF N AND PRE-1A FOR AN ADDITIONAL FEE.

WOULD YOU BE INTERESTED IN HAVING YOUR CHILD PARTICIPATE? ☐ YES ☐ NO ☐ POSSIBLY

TERMS OF ENROLLMENT

1. School capacity will be filled in order in which applications are received and accepted.
2. Parents of children in Pre-1A to Grade 8 are required to attend and participate in all Yeshiva fundraising activities and are responsible for either two reservations to the Annual Dinner or the Dinner Tax.

ONCE ACCEPTED, YOU WILL NEED TO SUBMIT THE FOLLOWING IN ORDER TO REGISTER YOUR CHILD:

- A copy of your child's birth certificate
- A copy of your child's most recent medical form and immunization record
- A most current copy of your child's IEP if applicable
- A \$750 **non-refundable** registration fee payable to Yeshiva Derech HaTorah

SIGNATURE: FATHER'S _____ MOTHER'S _____ DATE _____

The Yeshiva Derech HaTorah, 2810 Nostrand Avenue, Brooklyn, New York, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

FOR OFFICE USE ONLY

☐ ACCEPTED ☐ NOT ACCEPTED SIGNATURE (Educational) _____ SIGNATURE (Financial) _____

☐ BIRTH CERTIFICATE ☐ MEDICAL FORM ☐ IMMUNIZATION RECORD ☐ IEP (if applicable) ☐ REGISTRATION FEE

☐ CASH ☐ CHECK # _____ ☐ VISA/MASTERCARD # _____ DATE RECEIVED _____