



**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

Interview
Date: _____
Time: _____
Grade: _____

### APPLICATION FOR EARLY CHILDHOOD ADMISSION

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 1<sup>ST</sup> \_\_\_\_\_ 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  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**

<u>NAME</u>	<u>AGE</u>	<u>GENDER</u>	<u>SCHOOL ATTENDING</u>	<u>GRADE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER SCHOOLS CHILD HAS ATTENDED \_\_\_\_\_ ADDRESS \_\_\_\_\_

IF TRANSFER STUDENT, REASON FOR TRANSFER \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

NAME OF YOUR SYNAGOGUE AFFILIATIONS \_\_\_\_\_

NAME(S) OF RABBI(S) \_\_\_\_\_ RABBI'S PHONE NO. \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

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 \$500 **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 \_\_\_\_\_