



14th Street Y

344 East 14th Street, New York, NY 10003

(212) 780-0800 www.14StreetY.org

14th Street Y Two x Two Program 2018-2019

How to apply:

1. Complete an application form for each child. (Separate applications for siblings, please.)
2. Submit the following:
 - Application form
 - Non-refundable processing fee of \$50

Send applications to:

*Attention: Jane Kornbluh, Director, Two x Two and Now We Are Three Programs
14th Street Y
344 East 14th Street
New York, NY 10003*

Please keep a copy of all forms submitted.

We are happy to assist you with any questions or concerns you may have. For questions about the program, contact Jane Kornbluh at (646) 395-4337 or email JKornbluh@14StreetY.org

For questions about payment, call Julia Massey at (646) 395-4338 or email JMasse@14StreetY.org

Financial Aid

A limited amount of need-based financial aid is available. Please request a financial aid form from our Registrar, Julia Massey (contact info above) and submit the required documentation within one week of submitting this application.





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Today's Date ___/___/___

Child's Information

Child's Name (please print) _____

Last

First

Address _____ Apt.# _____

City _____ State _____ Zip Code _____

Home Telephone () _____ - _____

Child's Birth Date ___/___/___ Age as of Sept 1, 2018 ___ Years ___ Months Gender _____

Parents' Information

1st Parent/Guardian Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

E-mail address _____

Occupation/Place of work _____

2nd Parent/Guardian Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

E-mail address _____

Occupation/Place of work _____

Child lives with _____





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The following information is used to help program directors determine the best placement for your child, not for admission purposes.

List all languages your child speaks or is regularly exposed to: _____

Please briefly describe your child's personality and temperament including favorite activities, energy level, and behavior in social interactions: _____

Please list the programs that your child has participated in at the 14th Street Y or elsewhere: _____

Briefly describe any developmental concerns you have about your child: _____

Does your child have any siblings? If so, please list names and ages: _____

Please provide the full name and relationship of the person(s) who will be attending Two x Two with your child:

Please list any allergies, medical conditions, evaluations, or therapeutic services your child has, or has had, in the past:

How did you find out about our Two x Two program? (Please be as specific as possible.)





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Please indicate first, second and third choices:

Two x Two: non-separated program (Ages 21-29 months)

- Mondays and Wednesdays, 11:15 am -12:45 pm

Two x Two: gradually separating program* (Ages 21-34 months)(Grouped by age)

- Mondays and Wednesdays, 9:15- 10:55 am
- Mondays and Wednesdays, 11:15 am - 12:55pm
- Tuesdays and Thursdays, 9:15 am -10:55 am
- Tuesdays and Thursdays, 11:15 am -12:55 pm

*The above gradually separating classes run 1.5 hours, until November

- **I am interested in the possibility of additional Friday programming**
(Please contact Jane Kornbluh for additional information and pricing)

Young 2's Two x Two: gradually separating program (Ages 18-21 months)

- Tuesdays and Thursdays, 9:15 am -10:55 am
- Mondays and Wednesdays, 11:15 am - 12:55pm

Credit Card Payment Authorization

I _____ authorize the 14th Street Y to charge my credit card
(Please print full name)

\$50 processing fee for Two x Two for _____
(Child's name)

- MasterCard
- Visa

Credit Card Number: _____ Exp. Date: ____/____

Cardholder's Name (as it appears on card): _____

Client Signature _____ Date _____

Home # _____ Cell # _____ Email _____

- I wish to pay with a check (ATTACH CHECK HERE)
Make all checks payable to:

14th Street Y
344 East 14th Street
New York, NY 10003

