



14th Street Y

344 East 14th Street, New York, NY 10003

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

14th Street Y 2x2 Young 2's Program Winter/Spring 2018

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
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 along with this application.





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14th Street Y Young 2's Two x Two – Winter/Spring 2018

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 January 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: _____

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 bringing your child to the 2x2 Program:

Does your child have any allergies or medical conditions that we should know about?

How did you find out about our 2x2 program? _____





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Session Enrollment - Please indicate first and second choices:

2x2 Gradually Separating Young 2's Program

- **Tuesdays and Thursdays, January - June, 11:15 am - 12:45 pm**
 (Class extends to 12:55 pm, mid-semester)
- **Mondays and Wednesdays, January - June, 11:15 am - 12:45 pm**
 (Class extends to 12:55 pm, mid-semester)

Credit Card Payment Authorization

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

\$50 processing fee for 2x2 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

