



**14th Street Y**

344 East 14th Street, New York, NY 10003

(212) 780-0800 [www.14StreetY.org](http://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: Nili Shriber  
14th Street Y  
344 East 14th Street, 3<sup>rd</sup> Fl.  
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 Nili Shriber at (646) 395-4328 or email [NShriber@14StreetY.org](mailto:NShriber@14StreetY.org).

For questions about payment, call Julia Massey at (646) 395-4338 or email [JMasse@14StreetY.org](mailto: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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## 14th Street Y Two x Two Program 2018-2019

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

1<sup>st</sup> Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation/Place of work \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation/Place of work \_\_\_\_\_

Child lives with \_\_\_\_\_





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## 14th Street Y Two x Two Program 2018-2019

**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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**Two x Two: non-separated program (Ages 20-29 months)**

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

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

Please indicate first, second and third choices:

- 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 -10:45 am
- Mondays and Wednesdays, 11:15 am - 12:45pm

**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:

**14<sup>th</sup> Street Y**  
344 East 14th Street  
New York, NY 10003

