



14th Street Y

344 East 14th Street, New York, NY 10003
(212) 780-0800 www.14StreetY.org

14th Street Y Two x Two Young 2's Program Winter/Spring 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, 3rd 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

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 two weeks 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 January 1, 2019 ___ 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 Two x Two Program: _____

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

How did you find out about our Two x Two program? _____





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Session Enrollment:

Two x Two *Gradually Separating Young 2's Program*

- Tuesdays and Thursdays, January - June, 11:15 am - 12:45 pm

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

