



Dear Parents,

Thank you for your interest in our Ohr Shraga'lech Marine Park Preschool. Please fill out the following application and submit.

Please note: We put tremendous emphasis on the success of each student and try to keep our class sizes limited. Inasmuch as the Yeshiva tries to accommodate every request, it would be impossible to accept every child that applies.

Wishing you much nachas and hatzlachah.

Hachalas Hayeshiva



PRE-K FOR ALL | 3-K FOR ALL

Ohr Shraga'lech Marine Park Preschool

p: 718.252.7777 Ext. 120 / e: yosmp@ohrshraga.org / www.ohrshraga.org



מוסדות
ווערעצקי

SECTION A: Choose One:

- My child was born in **2023:** Pre-Nursery, September 2025 Application
- My child was born in **2022:** 3K Nursery, September 2025 Application
- My child was born in **2021:** UPK, September 2025 Application

SECTION B: Choose One:

- Applicant is a boy. I am interested in the Pre-Nursery Ohr Shraga'lech Marine Park program and also wish to have my son continue on into Yeshiva Ohr Shraga Elementary School.
- Applicant is a girl. I am interested in the Pre-Nursery Ohr Shraga'lech Marine Park program.
- Applicant is a girl. I am interested in the 3K/UPK Ohr Shraga'lech Marine Park program.
- Applicant is a boy. I am only interested in the 3K/UPK Ohr Shraga'lech Marine Park programs. My son will attend Yeshiva elsewhere.
- Applicant is a boy. I am interested in 3K/UPK Ohr Shraga'lech Marine Park and also wish to have my son continue on into Yeshiva Ohr Shraga Elementary School. **STOP: Please do not fill out this application. Go back and choose the Yeshiva Ohr Shraga Elementary School Application.**

SECTION C: Choose:

The applicant is a sibling or child of an alumni? No Yes Name of alumni: _____

The applicant is a sibling of a child currently attending YOS? Yes No Name of sibling: _____

The applicant is a sibling of a child currently attending Ohr Shraga'lech Marine Park Yes No
Name of sibling: _____

SECTION D: Important Information you would like us to know:

FOR OFFICE USE ONLY

Date application received: _____

Notes:

PART A. CHILD'S INFORMATION

Child's Name (First and Last, in English spelling) _____
Name Commonly referred by _____ שם בלשון קודש _____
Child's Date of Birth (English) ____/____/____ (Yiddish) ____/____/____
Home Phone _____
Address _____ City, State, Zip _____

PART B. PARENT INFORMATION

Father's Name (English) _____ (Yiddish) _____
Occupation (Type of Business, Company Name) _____
Business Address _____ Phone _____
Cell _____ Email _____
Yeshiva Attended / Alumnus of _____
Shul Affiliation _____ Name of Rav _____
Mother's Name (English) _____ (Yiddish) _____
Occupation (Type of Business, Company Name) _____
Business Address _____ Phone _____
Cell _____ Email _____
School Attended / Alumnus of _____ Maiden Name _____

PART C. PATERNAL GRANDPARENTS (Check one: Rabbi Mr. Mrs.)

Last Name _____ Husband _____ Wife _____
Address _____
Phone _____ Cell _____ Email _____

MATERNAL GRANDPARENTS (Check one: Rabbi Mr. Mrs.)

Last Name _____ Husband _____ Wife _____
Address _____
Phone _____ Cell _____ Email _____

PART D. FAMILY INFORMATION

Language Spoken at Home _____ Organization Affiliated with _____

Amount of Children in Family _____

List all Children	Age	Yeshiva Attending	List all Children	Age	Yeshiva Attending
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Family References

Name _____ Phone _____

Name _____ Phone _____

Last two summers spent at 20_____, 20_____

Recommended by: _____ Phone _____

PART E. MEDICAL INFORMATION

Physician Name: _____

Address _____ Phone _____

Emergency Contact

Name _____ Phone _____

Relationship to child: _____

List any medical conditions, allergies and/or speech difficulties the school should be aware of:

Please review the following questionnaire. If your answer is yes, please provide additional information below:

1. Is your child on continuous medication? Yes No

Please list name(s) of medication and what we should be aware of: _____

2. Does your child have any allergies, food or medical? Yes No

Please include as much information as possible _____

3. Is your child currently receiving any services such as physical, occupational Yes No

or speech therapy, SIET or para, etc. ? _____

4. Any other specific issues that we should be aware of? _____

PART F. GENERAL INFORMATION

Does your child watch videos and/or video games? _____ Is there unfiltered Internet in your home? _____

Previous playgroup or yeshiva attended _____

Additional comments _____

PART G.

DOH requires that students are required to be up to date on all their immunizations in order to attend school.

Is your child up to date on all immunizations? Yes No _____

Ohr Shraga'lech Marine Park Preschool (Grades Pre-Nursery, 3-K & UPK) is a separate program from Yeshiva Ohr Shraga Elementary School, 1102 Avenue L (Grades Nursery -8). Acceptance to the Marine Park location does not automatically guarantee a slot in the Avenue L location. Please call the administrative office at 718-252-7777 if you wish to acquire further information regarding enrollment in the Avenue L location.

**Please save the completed application and email it to
application@ohrshraga.org**