בס"ד

Ohr Shraga'lech MARINE PARK

Dear Parents,

Thank you for your interest in our Ohr Shraga'lech Marine Park Preschool.

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.

Hanhalas 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 וועדעצקי

Ohr Shraga'lech MARINE PARK

Last Name_____ Gender____

APPLICATION

Please fill out the following application and submit.

SECTION A: *Choose One:*

❑ My child was born in 2025: Pre-Nursery, September 2027 Application

❑ My child was born in 2024: 3K Nursery, September 2027 Application

❑ My child was born in 2023: UPK, September 2027 Application

SECTION B: *Choose One:*

❑ Applicant is a boy.

- ❑ I am interested in the Pre-Nursery Ohr Shraga'lech Marine Park program
- ❑ I am only interested in the 3K/UPK Ohr Shraga'lech Marine Park programs. ***My son will attend Elementary Yeshiva elsewhere.***
- ❑ 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 on the previous page.

❑ Applicant is a Girl.

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? ❑ No ❑ Yes Name of sibling: _____

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

Name of sibling:_____

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

Ohr Shraga'lech MARINE PARK

Last Name_____

APPLICATION

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_____ Phone #_____

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_____

Last Name_____

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 or speech therapy, SIET or para, etc. ? ❑ Yes ❑ No _____

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 download the application to your device.
Return the completed application to us via email: application@ohrshraga.org.
Please save a completed copy for your own files.