

**Early Childhood Department**

**Student Information**

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Applying for:

- Toddler  2 days  3yr Nursery  3yr Nursery  4yr Nursery  Kindergarten  
 3 days 1:00 dismissal 3:00 dismissal  
 5 days

Has the candidate previously applied to Manhattan Day School?  Yes  No If so, when? \_\_\_\_\_

**Current School Information**

School Name \_\_\_\_\_

Address \_\_\_\_\_

School's Phone Number \_\_\_\_\_

Dates/Grades Attended \_\_\_\_\_

Do you authorize MDS to contact your child's current school?  Yes  No

**Family Information**

*Father/ Guardian*

Name \_\_\_\_\_

Title \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

*Mother/ Guardian*

Name \_\_\_\_\_

Title \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

*Father cont'd*

Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
\_\_\_\_\_

*Mother cont'd*

Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
\_\_\_\_\_

Are both parents living  Yes  No

Parents:  Married  Separated  Divorced

Father remarried  Yes  No

Mother remarried  Yes  No

Name of Stepparent \_\_\_\_\_

Name of Stepparent \_\_\_\_\_

If parents are separated or divorced, who is the legal guardian  Mother  Father

To whom should admissions correspondence be sent? \_\_\_\_\_

Student Converted  Yes  No

Student Adopted  Yes  No

Conversion performed by \_\_\_\_\_ Phone # \_\_\_\_\_

Synagogue affiliation \_\_\_\_\_ City \_\_\_\_\_

Date of Conversion \_\_\_\_\_

Parent Converted  Mother  Father

Conversion performed by \_\_\_\_\_ Phone # \_\_\_\_\_

Synagogue affiliation \_\_\_\_\_ City \_\_\_\_\_

Date of Conversion \_\_\_\_\_

Grandparent Converted  Yes  No If so, which? \_\_\_\_\_

Conversion performed by \_\_\_\_\_ Phone # \_\_\_\_\_

Synagogue affiliation \_\_\_\_\_ City \_\_\_\_\_

Date of Conversion \_\_\_\_\_

**Siblings**

Name	Age	Current School/ Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Alumni Relationships**

Family members who have attended MDS	Year Graduated	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_

**Synagogue Membership**

Name of Synagogue \_\_\_\_\_

Name of Rabbi \_\_\_\_\_ Phone Number \_\_\_\_\_

**Religious Observance**

Does the family regularly attend synagogue services  Yes  No

What is the family's current practice with respect to religious observances such as Shabbat, Holidays and Kashrut? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/ Guardian Recommendation**

Please comment on your child’s physical development and general health to date

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Has your child ever been referred for any evaluation or early intervention services?  Yes  No

Is your child currently receiving any therapeutic services  Yes  No

(Speech therapy, Physical therapy, Occupational therapy, Counseling, SEIT etc.)

If yes, attach most recent evaluations/ IEP.

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Please comment on your child’s social and emotional development. (does he/she separate easily, does he/she get along well with other children, is he/she outgoing, shy, aggressive, unusually active)

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Is there anything about your home life which will help us to better understand your child? (new baby? move? divorce/ separation?)

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Parent’s/ Guardian’s signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Please include a non-refundable \$250 application fee made out to Manhattan Day School**

**If you have any questions, please contact:**

**Cindy Sherman**  
Director of Admissions  
212-376-6800 ext. 834  
[csherman@mdsweb.org](mailto:csherman@mdsweb.org)