



54 Nagle Avenue (between Broadway/195th Street)  
New York NY 10040 212-569-6200  
www.ywashhts.org



# Preschool Prep

For children 2 to 3 years (as of Sept., 2011)

Class Size: 10-12 children

Dates: Tuesdays and Thursdays 9:00-11:25 from Sept. 13, 2011-June 7, 2012

OR: Mondays and Wednesdays 9:00 -11:25 from Sept. 12, 2011 -June 6, 2012

(school closings on Department of Ed/Jewish holidays-  
calendar to follow)

**Annual fees:**

Program fee: \$3250/year

Membership: \$200 for one child or \$225 for  
two or more children

Payments: \$250 plus membership fee to regis-  
ter.

\$750 payments due each of the following dates:

July 1, 2011, Sept 1, 2011, Nov 1, 2011,

Jan 1, 2012



Twice a week preschool program for twos and younger threes-interactive play in learn-  
ing centers, circle time, large motor activities, storytime, art, movement and snack.  
Specialists teach music and dance.

Supervised by head and assistant teachers.

For more information, contact Susan at 212-569-6200 ext 224 or at  
sherman@ywashhts.org

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PRESCHOOL PREP REGISTRATION FORM 11-12(Please complete and return with payment)

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

Email Address \_\_\_\_\_

Fee Enclosed \_\_\_\_\_(checks payable to YM & YWHA of Washington Heights & Inwood)

Check one: Tue/Thurs \_\_\_\_\_ Mon/Wed \_\_\_\_\_

Or if paying by credit card...

Please charge \$250 plus my family membership of \$200 for one child in program or \$225 for two  
children in program to my credit card: Card Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Also, please charge my credit card for my remaining four payments of \$750 each on the following  
dates: July 1, 2011; Sept 1, 2011; Nov 1, 2011; Jan 1, 2012:

Card Member Signature \_\_\_\_\_ Date \_\_\_\_\_

As a family member, I would also like to join the Y's Fitness Center. Please charge my credit card an  
additional \$125 for an individual membership \_\_\_\_\_ or \$175 for a couple membership \_\_\_\_\_:

Card Member Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please Circle Your Credit Card Company: VISA Mastercard

Card Member Number \_\_\_\_\_ Exp. Date \_\_\_\_\_