

**NEW STUDENT APPLICATION
2026-2027**

Date: _____

FAMILY INFORMATION

Family Name _____

Father _____ Title _____ Mother _____ Title _____

Street Address _____ City, State, Zip _____

Phone # to be used by the school offices to contact you: _____

Phone # to be used for class list/parent directory distribution: _____

Father Cell _____ Father Email _____

Mother Cell _____ Mother Email _____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

STUDENT INFORMATION

Child's Hebrew and English Name	Grade Entering	M/F	Birthday Hebrew and English	Early Childhood only: Enroll in Extended Program? Y or N	Previous School/Program (Please include phone number)	Birth Country/ Language Spoken at Home

	NURSERY	PRE-NURSERY
AM	\$6150	\$6,750
PM	\$2,500	\$2,500
SNACK FEE	\$150	\$150

JDBY-YTT strongly recommends that internet access not be available in your home. If internet access is required, computers and all mobile devices must have comprehensive filters, and proper safeguards must be present to prevent unsupervised use.

Please initial to confirm that you are aware of the above policies.

Father

Mother

The policy of the school is for all students to have all state-required vaccinations and immunizations. No religious exemptions will be accepted.

Please initial to confirm that you are aware of the above policy.

Father

Mother

A non-refundable \$100 application fee is required. Payment may be made by credit card (see below) or submitted to the Executive Office at 6326 N. Washtenaw, Chicago, IL 60659. Please note that space is limited. Applications cannot be processed until application fee is paid. After **January 22, 2026**, the application fee will be increased to **\$250**, and space may not be available.

Name, as it appears on the card: _____

Address (if different from above): _____

Card Number: _____ Expiration date: _____ Security code _____

Signature: _____

(New families – please fill out reverse side)

REFERENCE INFORMATION – NEW FAMILIES ONLY

Paternal Grandparents:

Husband Title Husband First Name Wife Title Wife First Name Last Name Phone

Address City, State, ZIP Country Email (if applicable)

Maternal Grandparents:

Husband Title Husband First Name Wife Title Wife First Name Last Name Phone

Address City, State, ZIP Country Email (if applicable)

**Please write additional grandparent and great-grandparent information in the additional comments section.*

Name of Shul Family Attends _____

Family Rav _____ **Phone Number** _____

Sibling Information

Name	School/ Program Attending	Date of Birth

For families moving to Chicago from out of town, please explain the reason for relocating:

Additional Comments

For office use only

Vaad Hachinuch _____