

**P'TACH**  
1689 East 5th Street  
Brooklyn, New York 11230  
718-854-8600

Spring, 2022

Dear Parent:

Thank you for expressing interest in our P' TACH program. As you are probably aware, the development of these programs represents a milestone in the field of Jewish education. Our children with learning differences are now able to receive the full benefit of a mainstream Yeshiva program that is modified to meet their specific learning needs.

Enclosed you will find an application form to be completed in full. In order to process your child's application, we also require:

- 1) Psychological Evaluation (Intellectual Assessment and Full Personality Profile) (completed within the last year)
- 2) Educational Evaluation (completed within the last year)
- 3) Statement from child's present teacher regarding classroom functioning
- 4) Statement from all professionals currently working with your child
- 5) All reports previously done on your child.
- 6) Signed release forms .

We must have this information in order to arrange an interview and then determine whether our program is suited to your child's needs. All information will remain confidential. Any withholding of information will invalidate your child's acceptance.

After all records are received, you and your child will be given an appointment for an interview with our Screening Committee. Shortly after the interview, you will be notified of the decision as to the educational acceptance of your child into our program. You will then be asked to meet with the Financial Committee to discuss tuition.

There is a \$150.00 non-refundable application fee to complete the processing procedure. If you have any further questions, please feel free to contact our Registrar, Mrs. Chanah Kugelman, at the P' TACH office at (718) 854-8600.

Sincerely,

Dr. Judah Weller  
Director



FOR OFFICE USE ONLY

DRC
AFR

Main Office: 1689 East 5th Street | Brooklyn, NY 11230 | 718.854.8600 | ptachmain@aol.com

Date \_\_\_\_\_

Name of PTACH Program \_\_\_\_\_ Elementary \_\_\_\_\_ High School \_\_\_\_\_

ALL INFORMATION INCLUDED HEREIN WILL REMAIN STRICTLY CONFIDENTIAL.

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # (Home) \_\_\_\_\_ (Emergency) \_\_\_\_\_

**FATHER** |||||

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

**GRANDPARENTS** |||||

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MOTHER** |||||

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

**GRANDPARENTS** |||||

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Brothers' Ages \_\_\_\_\_ Sisters' Ages \_\_\_\_\_ Primary Language Spoken at Home \_\_\_\_\_

Synagogue Affiliation \_\_\_\_\_ Name of Rabbi \_\_\_\_\_ Phone # \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

## SCHOOL HISTORY

LIST THE SCHOOLS YOUR CHILD HAS ATTENDED (list most recent - first)

School & Address	Dates	Grade
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Has any grade been repeated?  Yes  No What Grade? \_\_\_\_\_

If your child has/or is receiving special services from any school, agency, private specialist or clinic, please complete the following:

AREAS	SCHOOL OR AGENCY	DATES
Reading.....	_____	_____
Math.....	_____	_____
Speech &/or Language.....	_____	_____
Religious Studies.....	_____	_____

Has your child had psychological or educational testing?  Yes  No When? \_\_\_\_\_ Where? \_\_\_\_\_

Has your child seen a psychologist or counselor some time in the last four years for counseling?

Yes  No Name \_\_\_\_\_ Address \_\_\_\_\_

## MEDICAL HISTORY

Does your child suffer from any illness? (e.g. allergies, sinus infections, Seizures, or asthma etc.)

Yes  No Which? \_\_\_\_\_

Has your child ever been hospitalized?  Yes  No At what age? \_\_\_\_\_

Why? \_\_\_\_\_

Has your child ever been on medication for control of an attention or behavioral issue?  Yes  No

A convulsive disorder?  Yes  No

What is the name of your child's doctor? \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

When was your child's last eye examination? Date \_\_\_\_\_

Does your child wear glasses?  Yes  No From what age? \_\_\_\_\_

GENERAL BEHAVIOR

For each of the following, check Yes or No and give an explanation if necessary:

Easily managed at home .....  Yes  No \_\_\_\_\_

Responsive to adults .....  Yes  No \_\_\_\_\_

Responsive to children their own age .....  Yes  No \_\_\_\_\_

Consistent in behavior from day to day .....  Yes  No \_\_\_\_\_

Able to concentrate .....  Yes  No \_\_\_\_\_

Extremely active .....  Yes  No \_\_\_\_\_

Easily managed at school .....  Yes  No \_\_\_\_\_

Can work well independently .....  Yes  No \_\_\_\_\_

Appears to be happy in school situation .....  Yes  No \_\_\_\_\_

Has tendency to tune in and tune out  
of listening situations .....  Yes  No \_\_\_\_\_

Seems to understand things better  
if he can see them in pictures .....  Yes  No \_\_\_\_\_

Comprehends verbal requests,  
commands, direction, etc. ....  Yes  No \_\_\_\_\_

Wants TV/Radio excessively loud .....  Yes  No \_\_\_\_\_

Has difficulty copying written material .....  Yes  No \_\_\_\_\_

What are your child's interests and hobbies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate below any further information about your child's background (at home and in learning situations) in terms of particular weaknesses and strengths that you feel would be helpful to us in planning an educational program for him/her.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, please describe your child's ability in the following areas:

Grade Level	Below	On	Above	Comments:
Reading .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arithmetic .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hebrew Reading .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Davening .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chumash .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gemora .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Organization .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

What do you see as the nature of your child's difficulties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever visited a P'TACH program? \_\_\_\_\_ When? \_\_\_\_\_  
\_\_\_\_\_

At P'TACH, we look for an active parental involvement in the education of the children.

What type of input would you like to have in your child's education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you feel about your child being in the P'TACH program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All of the information I have given is true and to the best of my knowledge is an accurate description of my child's history and abilities.

DATE \_\_\_\_\_ Signature of Parent Completing Application \_\_\_\_\_

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**RELEASE FORM**

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**Date**

**Note to Parents:**

**Please fill out and sign one Release Form for each person or agency that has information about your child relevant to your application to the P'TACH program. These forms are necessary to expedite the Screening process for your application.**

**NAME AND ADDRESS OF PERSON OR AGENCY**

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**City, State and Zip**

**I hereby authorize P'TACH to obtain from the above named person or agency, information concerning any educational information, diagnosis, or condition revealed as a result of examination, treatment, psychological testing, or observation.**

**Parent's Signature**

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TUITION SCHEDULE FOR THE 2021-2022 SCHOOL YEAR

<b>Yeshiva University High School for Boys:</b>	<b>\$48,000.</b>
<b>Yeshiva University High School for Girls:</b>	<b>\$48,000.</b>
<b>Chaim Berlin High School:</b>	<b>\$46,500.</b>
<b>Chaim Berlin Elementary:</b>	<b>\$46,500.</b>
<b>Bais Yaakov D'Rav Meir:</b>	<b>\$46,500.</b>

**Additional fees for each program are:**

**Registration      \$1,000.**

Transportation and all student activities fees  
where applicable, are not included in above tuition.

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**HAVE YOU ENCLOSED?**

1. **Psychological evaluation (including Intellectual Assessment and full Personality Profile)** \_\_\_\_\_
2. **Educational evaluation** \_\_\_\_\_
3. **Statement from present teacher regarding child's classroom functioning** \_\_\_\_\_
4. **All school records and reports from agencies and professionals** \_\_\_\_\_
5. **All reports previously done on your child** \_\_\_\_\_
6. **Signed release form** \_\_\_\_\_
7. **Recent photograph** \_\_\_\_\_
8. **\$150. Application fee** \_\_\_\_\_

**PLEASE BE ADVISED THAT NO APPLICATION WILL BE PROCESSED UNLESS ALL OF THE ABOVE INFORMATION IS RETURNED.**