



**ADMISSION APPLICATION
OCEAN EARLY CHILDHOOD CENTER**

"Hop on board the learning train!"

58 Princeton Avenue

Brick, NJ 08724

732-840-0422 Fax 732-840-7655

www.oceanearly.com

DATE RECEIVED _____
CHECK # _____
AMOUNT \$ _____

CLASS _____ TIME _____
TEACHER _____
REGISTRATION # _____

Director: Lori DiBiase
~ Established 1951 ~

CHILD'S NAME _____ Date of Birth _____

Male _____ Female _____

Residence _____ Phone # _____

City _____ State _____ Zip Code _____

Parent/Guardian Names _____ Address (if different from above) _____

Parent/Guardian Cell Phone # _____ Work Phone # _____

Parent/Guardian Cell Phone # _____ Work Phone # _____

Email Address _____

ALLERGIES _____

Other than parents, whom shall we contact in case of an emergency? _____

Relationship _____ Phone # _____

Restriction on pick up (if any) _____

The following can pick up my child (other than parents) _____

FEES:

Tuition Amount _____

Registration Fee _____

Other Fees _____

Total Payment Due _____

Less Deposit _____

To be paid in weekly/bi-weekly/monthly
payments of \$ _____
from _____ to June.

Signature

Date

BALANCE DUE _____

Please check:

PRESCHOOL PROGRAM _____

Half Day 8:45 - 11:45 _____

Full Day 8:45 - 4:00 _____

Childcare Hours 7:00 - 6:00 _____

Other _____

PRE-K PROGRAM _____

M/W/F Class 9:00 - 1:30 _____

T/Th Class 9:00 - 1:30 _____

Full Day 9:00 - 4:00 _____

Half Day 9:00 - Noon _____

Childcare Hours 7:00 - 6:00 _____

Other _____

BEFORE/AFTER SCHOOL

Midstreams

BC _____ AC _____

St. Dominic's

BC _____ AC _____

St. Peter's

BC _____ AC _____

DAYS: 2 Days (T/Th) _____ 3 Days (M/W/F) _____ 4 Days _____ 5 Days _____ Other _____

Dear Parents,

In order for us to be effective in meeting your child's individual needs, it is important that we know more about his/her background and past experiences. We invite you to meet with us in discussing any additional information that you feel would be relevant in helping us know your child. Please take a few moments to fill out this important information to help us get to know your child better.

1. Other children in family and their ages _____

2. Child's previous group experiences (where and how long) _____

3. Is your child right-handed? _____ Left-handed? _____

4. At what age did toilet training start? _____ Age that child was completely toilet trained _____

5. Does your child have any habits, fears or idiosyncrasies that we should know about?

6. What type of play activities does your child like?

7. In what areas would you expect Ocean Early Childhood Center to help in your child's development? _____

8. Do you see your child as being (Circle One)

Leader - Follower

Talkative - Quiet

Outgoing - Shy

Even Tempered - Moody

Independent - Dependent

