



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
TEACHER
REGISTRATION #

Director: Lori DiBiase
~ Established 1951 ~

CHILD'S NAME Date of Birth

Residence Male Female

Parent/Guardian Names City State Zip Code 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 May.

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