



**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

REGISTRATION # _____ CLASS _____ TIME _____

Director: Lori DiBiase
~ Established 1951 ~

PLEASE COMPLETE BOTH SIDES

CHILD'S NAME _____ Date of Birth _____

Male _____ Female _____

Residence _____ Phone # _____

City _____ State _____ Zip Code _____

Parent/Guardian _____ Relationship to child _____

Phone: Cell _____ Work _____

Parent/Guardian _____ Relationship to child _____

Phone: Cell _____ Work _____

Email _____

Marital Status: Married Divorced Separated Single Widow/Widower

Child Lives With _____

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) _____

Please check:

INFANTS _____ **5 Days/Full Day Only**

6 WEEKS - 18 MONTHS

TODDLERS _____ **Full Day** _____ **Half Day 9am-12pm**

18 MONTHS - 2 1/2 YEARS

PRESCHOOL PROGRAM _____

Half Day 9:00 - 12:00 _____

Full Day 9:00 - 4:00 _____

Childcare Hours 7:00 - 6:00 _____

Other _____

PRE-K PROGRAM _____

Half Day 9:00 - 1:30 _____

Full Day 9:00 - 4:00 _____

Childcare Hours 7:00 - 6:00 _____

Other _____

BEFORE/AFTER SCHOOL

Midstreams

BC _____ AC _____

OTHER

BC _____ AC _____

DAYS: M _____ T _____ W _____ TH _____ F _____ = # of days _____

*** OFFICE USE ONLY *** -----

Tuition Amount _____

Registration Fee _____

Other Fees _____

Total Payment Due _____

Less Deposit _____

BALANCE DUE _____

Date received _____

Check # _____

Amount \$ _____

TUITION AGREEMENT

Registration fee of \$75.00/\$100.00 plus September's tuition is due at registration. ***Tuition is due one week prior to the month you're paying for.*** No exceptions will be made. I agree to pay monthly or weekly from September to May. I agree to give thirty days written notice of withdrawal. No deductions can be made for emergency closings, vacations or absences during the school year. All school holidays as well as three snow days are taken into consideration when the tuition rates are established.

A \$25.00 fee will be added to your tuition if five days past due. There is a \$35.00 returned check fee.

_____ Family Signature	_____ Date
_____ OECC Signature	_____ Date

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) _____

4. At what age did your child become independent in toilet training? _____
5. Does your child have any habits, fears, learning difficulties or anything out of the ordinary 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