



THE OLC SCHOOL & LITTLE HARBOR ACADEMY

Please decide at this time which program you will be enrolling your child. Once you have made your selection, changes cannot be made. Please see the list below and check off which program you wish to enroll your child.

Please indicate your first and second program preference for the Tiny Tikes Program. (1-1st choice/2-2nd choice)

GRADE	ANNUAL TUITION (2018-2019)	Non-Refundable deposit (includes registration fee)
Tiny Tikes* 5 Full Days (8:30am–2:30pm)	\$16,800.00 <input type="checkbox"/> _____	\$2,600
3 Full Days (8:30am–2:30pm)	\$13,600.00 <input type="checkbox"/> _____	\$2,600
2 Full Days (8:30am–2:30pm)	\$8,800.00 <input type="checkbox"/> _____	\$2,600
5 Half Days (8:30am–11:30am)	\$13,200.00 <input type="checkbox"/> _____	\$2,600
3 Half Days (8:30am–11:30am)	\$9,600.00 <input type="checkbox"/> _____	\$2,600
2 Half Days (8:30am–11:30am)	\$6,200.00 <input type="checkbox"/> _____	\$2,600
Pre-K3 - Grade 2	\$10,600.00 <input type="checkbox"/>	\$2,600
Grades 3 - 8	\$9,300.00 <input type="checkbox"/>	\$2,600

*The 2019-2020 Annual Tuition and fees will be set by December 31, 2018.



THE OLC SCHOOL AND LITTLE HARBOR ACADEMY APPLICATION

248 MARIN BLVD. - JERSEY CITY, NJ 07302 - 201.434.2405 - OLCSCHOOL.ORG

Child's Name _____ Boy Girl Preferred Name _____

Date of Birth _____ Place of Birth _____ U.S. Citizen Yes No

If no, please provide Visa and proper documentation. Entering Grade: _____ 2019-2020 School Year

Student's Ethnicity:

- African American Caucasian Native American
 Asian American Hispanic Other, please specify: _____

Is a language other than English spoken in the home? (If yes, please specify) _____

Mother's Name _____ Father's Name _____

Home Address _____ Home Address _____

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Home Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell _____ Cell _____

Email _____ Email _____

Is email a good way to contact you? Yes No Is email a good way to contact you? Yes No

With whom does the child live? If different from above, please provide name, relationship, address and phone number for the child's guardian _____

Check all that apply:

- Parents are married Parents are separated Parents are divorced Parents were never married
 Father remarried Mother remarried Stepmother's name _____
 Father deceased Mother deceased Stepfather's name _____
-

Name of Present School _____

Address of School _____

How did you hear about us? _____

Do you know any families currently enrolled in LHA or OLC School? Yes No

If yes, which families?

Religion Affiliation _____ Place of Worship _____

Names, ages and present schools of applicant's siblings _____

What are some of your child's favorite activities or interests? _____

Has your child had or been recommended to have any testing, therapy or early childhood intervention services? Yes No If yes, please explain: _____

Please share with us any special circumstances of which we should be aware (i.e. medical, familial, etc.) _____

For K-8th Graders: Will you be applying for a scholarship? Yes No

For Toddler 2 Session Options: Morning Session: 8:30 -11:30am Full Day Session: 8:30 - 2:30pm
Rank in order of preference (1 being your first choice and 6 being your sixth choice) the programs you are applying for:

___ 2 mornings per week (T,Th) ___ 3 mornings per week (M,W,F) ___ 5 mornings per week

___ 2 full days per week (T,Th) ___ 3 full days per week (M,W,F) ___ 5 full days per week

Signature(s) of parent(s) or guardian(s) _____

Please return this form to the OLC School office along with a non-refundable registration fee and 2 months tuition for Toddlers-8, payable in cash, check or money order:

Registration fee: \$500



**National Blue
Ribbon School**

**THE OLC SCHOOL
248 MARIN BLVD.
JERSEY CITY, NJ 07302
201.434.2405
registration@olcschool.org
olcschool.org**



**Middle States
School Accredited**

The OLC School does not discriminate on the basis of race, color, national origin, or sex in admissions & educational policies, scholarship programs, or other school administered activities.



THE OLC SCHOOL AND LITTLE HARBOR ACADEMY MEDICAL HISTORY

248 MARIN BLVD. - JERSEY CITY, NJ 07302 - 201.434.2405 - OLCSCHOOL.ORG

Student's Name: _____ Date of Birth: _____

Grade: _____ Teacher: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

PLEASE EXPLAIN YES ANSWERS BELOW:

1. Has your child had injuries requiring medical attention? Yes No _____

2. Has your child had special health problems or difficulty? Yes No _____

3. Is your child under a physician's care? Yes No _____

4. Takes medication? Yes No _____

Type: _____ Dose: _____ Reason: _____

5. Wears corrective lenses: Yes No Glasses Contact Lenses _____

6. Has a hearing problem: Yes No _____

7. Has had surgical operation(s): Yes No _____

8. Has been hospitalized: Yes No _____

9. Do you know of any reason why your child should not participate in all physical education activities?

Yes No _____

10. Is your child subject to any condition which may create classroom emergency, such as seizure disorder, fainting spells, diabetes, allergies, asthma, etc? Yes No _____

11. Has your child ever had:	YEAR		YEAR
<input type="checkbox"/> Chicken Pox	_____	<input type="checkbox"/> Rheumatic Fever	_____
<input type="checkbox"/> Rubella Disease	_____	<input type="checkbox"/> Scarlet Fever	_____
<input type="checkbox"/> Measles	_____	<input type="checkbox"/> Whooping Cough	_____
<input type="checkbox"/> Mumps	_____	<input type="checkbox"/> Lyme Disease	_____
<input type="checkbox"/> Pneumonia	_____	<input type="checkbox"/> Strep Throat	_____
<input type="checkbox"/> Immunodeficiency	_____	<input type="checkbox"/> Other (specify)	_____
<input type="checkbox"/> Hepatitis (type)	_____		

BEFORE WE CAN FORMALLY ACCEPT YOUR APPLICATION, DUE TO NEW JERSEY STATE REGULATIONS, YOU ARE REQUIRED TO TAKE THE APPROPRIATE VACCINATIONS FOR YOUR CHILD'S AGE.

Parent/Guardian Signature

DATE



THE OLC SCHOOL AND LITTLE HARBOR ACADEMY

248 MARIN BLVD. - JERSEY CITY, NJ 07302 - 201.434.2405 - OLC SCHOOL.ORG

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
 New Jersey Academy of Family Physicians
 New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted: 			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS			<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____		
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					



Admission Process for Tiny Tikes – Grade 8

Admission Process for Tiny Tikes - Grade 8 will open on September 28, 2018. Applications are considered on a rolling basis depending on availability.

Once you submit your application to the office, we will contact you via email to confirm receipt of your documents. Please allow 7-10 days for this process. If space is anticipated in your child's grade level, we will contact you to schedule your appointment/tour.

All applicants in Tiny Tikes through Grade 8 will participate in an academic assessment with a member of the admission team. During this time the parent/guardian will tour the campus. The tour and assessment will be held the same day and last approximately ninety minutes.

Application Requirements:

- A completed application (pdf)
- Birth Certificate/or Passport
- Baptismal Certificate (If Applicable)
- Copy of your child's updated immunization record
- Standardized testing (if applicable)
- Most recent Report Card (Kindergarten - Grade 8)
- Progress Report – Preschool students
- Recent photo
- School report or transcript from the applicant's current school (Grade Kindergarten - Grade 8)
- Classroom Teacher Recommendation Form (pdf) (Kindergarten – Grade 8)
- Signed request for Release of Records



THE OLC SCHOOL AND LITTLE HARBOR ACADEMY APPLICATION

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Student's Name: _____ Entering Grade: _____ 2019-2020 School Year

Personal Information (Tiny Tikes - Grade 8)

1. Why would you like your child to attend The OLC School? _____

2. What talents of your child would you hope to see developed at The OLC School? _____

3. What are the qualities you believe to be important in a good education? _____

4. Which of these qualities do you believe is the most important for your child? _____

5. What are your child's relative strengths and challenges as a student? _____

6. Comment on your child's experience in school thus far. _____

7. Please describe your child's social interactions with peers and adults. _____

8. Are there any other experiences/comments about your child that are important to share with us? _____



THE OLC SCHOOL AND LITTLE HARBOR ACADEMY APPLICATION

248 MARIN BLVD. - JERSEY CITY, NJ 07302 - 201.434.2405 - OLCSCHOOL.ORG

Teacher Recommendation (Kindergarten - Grade 8) (Confidential)

Student's Current Grade _____ Date: _____

_____ has applied to The OLC School, and has listed you as a personal reference. We are interested in his/her academic ability and character. Your comments will be an important part of the overall profile, and we are appreciative of your time.

Teacher's Name _____

Subject _____

School _____

Phone _____

How long have you known this student? _____

What three adjectives would you use to describe this student? _____

What curriculum materials are you using in this student's class? _____

What areas will be covered by the end of the school year? _____

What types of assessments are given, and how frequently? _____



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Teacher Recommendation (Confidential)

1. What are the applicant's outstanding characteristics? _____

2. Does the applicant have any outstanding weaknesses or any emotional needs? Please explain. _____

3. Has the applicant ever demonstrated challenging behavior at the school? _____

4. How do the applicant's family circumstances affect the way he/she functions in school? _____

5. What special teaching techniques would help this applicant? _____

6. In what extracurricular activities is the applicant involved? _____

7. Is there any additional information that you feel may help us with our decision? _____

Signature _____ Date _____

Thank you very much for your time. Your information is valuable to us and will be kept confidential. We appreciate your consideration. Please return this form to:

Admissions Department • 248 Luis Marin Blvd • Jersey City NJ 07305 • Fax: 201-434-6068



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Student's Name: _____

Teacher Recommendation (Confidential)

Please evaluate the applicant in the following areas:

5 Excellent 4 Good 3 Average 2 Below average 1 Poor

		Comments
Ability	5 4 3 2 1 _____	
Achievement	5 4 3 2 1 _____	
Motivation	5 4 3 2 1 _____	
Follows directions	5 4 3 2 1 _____	
Responsibility	5 4 3 2 1 _____	
Works independently	5 4 3 2 1 _____	
Makes good use of time	5 4 3 2 1 _____	
Relationship with peers	5 4 3 2 1 _____	
Relationship with adults	5 4 3 2 1 _____	
Leadership qualities	5 4 3 2 1 _____	
Emotional stability	5 4 3 2 1 _____	
Self-discipline	5 4 3 2 1 _____	



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Student's Name: _____ Entering Grade: _____ 2019-2020 School Year

Q&A

What is the application process?

Submit the application with a \$100 check for the processing fee. All fees are non-refundable. We will contact you via email to confirm receipt of your documents. Please allow 7-10 days for this process. If space is anticipated in your child's grade level, we will contact you to schedule your appointment and tour. All applicants in Tiny Tikes through Grade 8 will participate in an academic assessment with a member of the admission team. During this time the parent/guardian will tour the campus. The tour and assessment will be held the same day and will last approximately ninety minutes.

What is the application process for international students?

The admission process for international students is the same as for other students. We can schedule an interview via Skype. Acceptance is conditional until the family completes their move to the USA and an in-person follow-up interview is completed.

What happens when my child is accepted?

When families receive an acceptance notification, your contract and deposit are due within seven days from the notice of acceptance. We are unable to hold a seat for your child if the contract and deposit are not submitted and paid within the seven day period.

What is the age cut off?

Students entering Tiny Tikes: Student must be 2 years old before October 1 of the year entering school, as per the Archdiocese of Newark.

Pre-K 3: Student must be 3 years old before October 1 of the year entering school, as per the Archdiocese of Newark.

Pre-K 4: Student must be 4 years old before October 1 of the year entering school, as per the Archdiocese of Newark.

Kindergarten: Student must be 5 years old before October 1 of the year entering school, as per the Archdiocese of Newark.

Do you offer scholarships?

Students in Grades K-8 may apply through the Inner City Scholarship Fund. You must apply between January - April for the following school year. The link is our website.



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Q&A - Continued

Do you offer before and aftercare?

The OLC School offers before and aftercare to students currently enrolled in Grades Pre-K3 - Grade 8.

Before care starts at 7:00 am.

Aftercare is held until 6:00 pm

What are the school hours?

Lower School (LS) 248 Marin Blvd.

Tiny Tikes: 8:10 am - 2:45 pm

Pre-K 3 - Grade 2: 8:10 am - 3:00 pm

Upper School (US) 225 Morris Blvd

Grades 3 - 8: 7:45 am - 2:45 pm