



## 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 (2019-2020)	<input type="checkbox"/>	<input type="checkbox"/>	Non-Refundable deposit (includes registration fee)
Tiny Tikes*	5 Full Days (8:10am–2:45pm)	\$18,000.00	<input type="checkbox"/>	\$2,600
	5 Half Days (8:10am–11:30am)	\$14,000.00	<input type="checkbox"/>	\$2,600
Pre-K3 - Grade 2	\$11,000.00	<input type="checkbox"/>	<input type="checkbox"/>	\$2,600
Grades 3 – 8	\$10,300.00	<input type="checkbox"/>	<input type="checkbox"/>	\$2,600



# THE OLC SCHOOL AND LITTLE HARBOR ACADEMY APPLICATION

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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) \_\_\_\_\_

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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

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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 \_\_\_\_\_

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Name of Present School \_\_\_\_\_

Address of School \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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

If yes, which families?

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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: 8:10 -11:30am Full Day Session: 8:10 - 2:45pm  
Rank in order of preference (1 being your first choice and 2 being your second choice) the programs you are applying for:

\_\_\_5 mornings per week

\_\_\_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

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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

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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 _____	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>					
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)		_____	
<b>IMMUNIZATIONS</b>		<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"/> <b>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.</b>					
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



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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?\_

\_\_\_\_\_

\_\_\_\_\_



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## 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.

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### 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.

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### 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.

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### 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.

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### 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

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### 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