



**Early Learning Academy – Gulls Cove**  
**Preschool & Nursery Application**

Date of Application: \_\_\_\_\_  
If possible, we would appreciate a recent photograph of your child.

School year applied for 20 \_\_\_\_\_

**Child:** \_\_\_\_\_

Student's full name \_\_\_\_\_ Male ( ) Female ( )  
(as it should appear on school records)

Nicknames: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

What language(s) is/are spoken at home? English Other: \_\_\_\_\_

Does/Has any family member attend(ed) an Early Learning Academy? If yes, give name(s) and relationship.  
\_\_\_\_\_  
\_\_\_\_\_

Your child's present school & dates of enrollment \_\_\_\_\_

**Session Preference — PRESCHOOL & NURSERY**

(Please choose all that MAY APPLY)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 5 Full Days (7:30 am–6:30 pm) | <input type="checkbox"/> 5 Half Days –AM (8:00 am - 12:00 pm) | <input type="checkbox"/> Estimated drop off time: _____ |
| <input type="checkbox"/> 4 Full Days (7:30 am–6:30 pm) | <input type="checkbox"/> 4 Half Days –AM (8:00 am - 12:00 pm) | <input type="checkbox"/> Estimated drop off time: _____ |
| <input type="checkbox"/> 3 Full Days (7:30 am–6:30 pm) | <input type="checkbox"/> 3 Half Days –AM (8:00 am - 12:00 pm) | <input type="checkbox"/> Estimated drop off time: _____ |
| <input type="checkbox"/> 2 Full Days (7:30 am–6:30 pm) | <input type="checkbox"/> 2 Half Days –AM (8:00 am - 12:00 pm) | <input type="checkbox"/> Estimated drop off time: _____ |

Interest in *Enhanced Gifted & Talented Program (2.5yrs – 5yrs old)*: \_\_\_\_\_ (Possible student evaluation)

Requested start date: ASAP/Other: \_\_\_\_\_

**For Office Use Only**

Name of Parents \_\_\_\_\_ Name of Child \_\_\_\_\_ Class: \_\_\_\_\_

Date Fee Received \_\_\_\_\_ check # \_\_\_\_\_ By \_\_\_\_\_

Date application copy sent to teacher \_\_\_\_\_

Accepted: \_\_\_\_\_

Wait List: \_\_\_\_\_

**Parents:**

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Mother's full name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Place of employment

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business Phone

Email \_\_\_\_\_

Languages spoken \_\_\_\_\_

Father's full name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Place of employment

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business Phone

Email \_\_\_\_\_

Languages spoken \_\_\_\_\_

**Emergency Contact Information:**

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List any persons to be contacted in the event of an emergency and none of the parents are able to be reached.

**NOTE:** Please only use local contacts for pick-ups.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Siblings:**

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Name \_\_\_\_\_ Age \_\_\_\_\_ Present School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Present School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Present School \_\_\_\_\_

## Applicant Information (2yr-5yr):

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Please help us know your child by providing the following information. It is understood that young children continue to grow and develop, and your responses should describe current circumstances. Our primary goal in the admission process is to try to find the right fit when developing our curriculum and core classes. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family. Please feel free to attach additional sheets.

### 1. Personal Development (For new students only)

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Has your child attended a preschool or child care program before?	Yes	No
Can your child: feed her or himself using a spoon and/or fork?	<input type="checkbox"/>	<input type="checkbox"/>
wash and dry her or his own hands?	<input type="checkbox"/>	<input type="checkbox"/>
dress her or himself with little assistance?	<input type="checkbox"/>	<input type="checkbox"/>
speak so that he or she can be understood by others?	<input type="checkbox"/>	<input type="checkbox"/>
express her or his thoughts and needs easily?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child toilet trained during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like us to assist in toilet training your child?	<input type="checkbox"/>	<input type="checkbox"/>

Has your child received any specialized tutoring or private treatment during the last three years? If so, please describe:

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### 2. Health History

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Has your child ever had trouble seeing?	Yes	No
Has your child had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had any significant injuries or hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child presently on any medications?	<input type="checkbox"/>	<input type="checkbox"/>

If you responded "yes" to any of the above, please explain. Also, describe any other health concerns.

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Does your child have any physical limitations, known allergies, or suffered from any serious illness or injuries, which would limit his/her participation in the full range of school activities? If so, please describe them briefly:

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Is your child currently receiving any medication? If so, please list:

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Has your child had any specialized tests or evaluations? If so, please list:

Test/Evaluation                      Administered by                      Date

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### 3. Interests and Activities

	Yes	No
Does your child: play with blocks, boxes, construction toys without help?	<input type="checkbox"/>	<input type="checkbox"/>
use crayons or markers to draw?	<input type="checkbox"/>	<input type="checkbox"/>
listen to stories being read?	<input type="checkbox"/>	<input type="checkbox"/>
turn pages of a book and look at pictures?	<input type="checkbox"/>	<input type="checkbox"/>
recall stories and events?	<input type="checkbox"/>	<input type="checkbox"/>
enjoy playing alone or with imaginary friends?	<input type="checkbox"/>	<input type="checkbox"/>
follow simple, age-appropriate directions?	<input type="checkbox"/>	<input type="checkbox"/>
talk with your friends and relatives who come to visit?	<input type="checkbox"/>	<input type="checkbox"/>

How many hours per day does your child spend watching TV (IF ANY)?

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Please describe briefly your child's favorite activities:

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When with other children:

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When playing alone:

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When at home with Mom or Dad:

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What would you most like to see our school accomplish with your child over the next few years?

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Declaration

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Please attach/enclose the application fee of \$85.00 with your application. This fee is non-refundable, even if your child is not selected for enrollment. If our enrollment is full at the time you apply, we will call to schedule a parent observation along with a subsequent child visit, after which your application will be placed into our applicant pool. When an opening becomes available, applications will be chosen based on best fit between the child and ELA. Your application is regarded as a formal request for consideration of your son or daughter as a potential student at Early Learning Academy, and as an authorization to our office to obtain verification of information and the obtaining of a consumer credit report. ELA welcomes and considers all applications without regard to race, religion, or ethnic or national background.

I pledge that the information provided is truthful and accurate to the best of my ability. It is further understood that any misstatement or omission may result in denial of admission or enrollment.

Application Submitted by ELA Parent/Guardian Signature Date ELA

Application Submitted by \_\_\_\_\_ Parent/Guardian Signature Date \_\_\_\_\_

ELA

## Procedures for Enrollment

The completed application must be accompanied by a one- time application fee of \$85.00 in order to have your child evaluated for enrollment. **This fee is non-refundable.**

Prospective Pre-K students will be scheduled for a visit only after all paperwork is in. The visit permits your child to experience our unique program, and concurrently affords our faculty the opportunity to evaluate your child for future placement.

ELA has an ongoing enrollment policy during the school year; a student may be admitted mid- year if space is available. If a student is enrolling for the fall semester, the Student Selection Committee will notify the parent(s) and student of acceptance by mid- February. **A CONTRACT WILL NOT BE OFFERED UNTIL ALL REQUIRED PAPERWORK AND THE APPLICATION FEE HAVE BEEN SUBMITTED.**

The completed application form, recommendation, etc., are solely for the purpose of evaluation of your child by the Student Selection Committee; the required application paperwork does not reserve a space for your child. Once a contract has been tendered and you have been notified by phone, you have 48 hours to return the signed tuition agreement and the required enrollment fee (the equivalent of two months tuition). Upon receipt of the signed contract and enrollment fee, a space will be reserved for your child in the appropriate class.

Please note the following:

2010/2011 Jersey City Discounted Monthly Tuition Rates for 2010-2011:

Program	Full Days - - 5	Full Days - - 4	Full Days - 3	Full Days - 2	PT -- 5 (a.m. or p.m.)	PT - 4 (a.m. or p.m.)	PT - 3 (a.m. or p.m.)	PT --2 (a.m. or p.m.)
Infants 3mo- 1year	1590.0	1390.0	1150.0	850.0	850.0	750.0	650.0	500.00
Toddlers 1 - 2/2.5	1550.0	1390.0	1100.0	850.0	775.0	750.0	650.0	500.00
Toddlers+ 2/2.5-3.5	1550.0	1390.0	1350.0	900.00	825.0		650.0	500.00
Preschool I 3.5 -- 5	1550.0	1390.0	1350.0	900.00	1050.00		750.0	600.00

*ELA also requires a yearly activity and materials fee of \$100 each (and for each child enrolled).*

### Quick Checklist for Parents:

Paperwork and deposit for enrollment evaluation.

Completed registration form.

\$85 application fee (non- refundable).

Paperwork and deposit required to activate contract and potentially reserve a class space for your child.

Mail the above to:

Early Learning Academy - Gulls Cove  
c/o Executive Director  
201 Marin Boulevard, Unit 1A  
Jersey City, NJ 07302



## Permission Form: Walking Trips & Field Trips

I give ELA permission to take my child on walks outside and to areas located in and around Jersey City. In addition, my approval is hereby given for my child to go on the planned field trips during the school year.

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Photo Permission Form

I give ELA permission to take my child's picture. The picture will be used for school yearbook, announcements, artwork, daycare advertisement or promotion events, fundraiser, etc.

Child's Name: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**ELA Preschool Medication Consent Form**

Prescription \_\_\_\_\_

Non-Prescription \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I, give permission to ELA to administer \_\_\_\_\_ Dose/amount of \_\_\_\_\_ to my  
(child) \_\_\_\_\_ at approximately \_\_\_\_\_ (intervals) on  
\_\_\_\_\_ (dates) for \_\_\_\_\_ (reason/diagnosis for medication).

\_\_\_\_\_  
Signature of (Parent or Guardian)      Date

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**For staff to complete:**

- \_\_\_ Is the permission form (above) completed?
- \_\_\_ Is the medication in its original container with the original prescription label on the container?
- \_\_\_ Is the name of child given above on the container? Each time medicine is administered fill out form below:

Date given \_\_\_\_\_ Amount given \_\_\_\_\_ Time given \_\_\_\_\_

Signature of Teacher dispensing medication \_\_\_\_\_ Date \_\_\_\_\_

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Notes:

