

Schedule of Tuition & Fees 2023-2024

REGISTRATION FEES

Non-refundable	Registration Fees	Late Registration Fee
First child in the family	\$150.00	\$200.00 after 03/15/23
Each additional family member	\$100.00	\$150.00 after 03/15/23
Family Maximum	\$400.00	\$450 after 03/15/23

Curriculum User Fees

Non-refundable	Early Childhood	K-4th Grade	5th-12th Grade
Per Student by 04/15/23	\$150.00	\$300.00	\$350.00
Per Student after 04/16/23	\$175.00	\$325.00	\$375.00

Insurance Fee

Annual Insurance Fee per student due by 04/15/23	\$100.00
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TUITION

Tuition rates include all technology, building, & lab fees. These rates are for the regular school year which runs from September through mid-June; Monday – Thursday 8:30 a.m. – 3:00p.m. & Friday 8:30 -12:30p.m.
A Service Fee of 5% will be assessed on all 10 month payment plans: Aug 2023 – May 2024

Genesis Early Childhood Program

Grades	1 Child	2 Children	3 Children	4 Children
PreK3 - PreK4 - Kinder	\$5850	\$11250.00	---	---

SINAI ACADEMY

Grades	1 Child	2 Children	3 Children	4 Children
1ST-5TH	\$5400	7% OFF TOTAL ACADEMY TUITION	10% OFF TOTAL ACADEMY TUITION	15% OFF TOTAL ACADEMY TUITION
6TH-8TH	\$5688			
9TH-12TH	\$6225			

If 1st child is in Genesis and 2nd child is in the Academy – there is a 5% discount for the 2nd child

Discounts are for tuition only, not registration, curriculum or insurance.
A late fee of \$50.00 will be assessed for any payment more than 3 days after the due date

EXTENDED CARE FEES

<u>Early Childhood</u>	<u>Per Child</u>
Before School (7:00am – 8:30am)	\$1,245.00
After School Care (until 6:00pm)	\$ 1,925.00
Both Before & After	\$ 3,170.00
<u>K – 8th grades</u>	<u>Per Child</u>
Before School (7:00am – 8:30am)	\$1,130.00
After School Care (until 6:00pm)	\$ 1,695.00
Both Before & After	\$ 2,825.00

Late Fee: Parents will be charged \$25.00 per child, every 15 minutes, until the child is picked up.
Students participating in any of our sports program will be assessed a \$300.00 Fee due by Oct 1, 2023

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

Phone: (908) 486-2006 Fax: (908) 925-9258



The Scholarship Fund for Inner-City Children Invites Families to Apply for Tuition Assistance

Facts About The Scholarship Fund (SFIC)

- For families with children in grades K-12 attending private/parochial schools in the Archdiocese of Newark (Bergen, Essex, Hudson and Union Counties).
- Tuition assistance is based on financial need and is awarded without regard to ethnicity, gender, race or religion. Some awards may not be transferable to another school or family member.
- Currently the SFIC General Scholarship Fund awards \$1,200 tuition assistance to elementary and high school students entering grades K through 12. **(Pre-Kindergarten programs are not eligible).**
- Tuition assistance applications for 2023-2024 school year will be available **on-line only** starting February 1, 2023 **until April 30, 2023** on the parent/student portal at www.sficnj.org.
- Deadline for submitting your on-line application with ALL REQUIRED DOCUMENTS is **April 30, 2023**.
- Financial documentation REQUIRED includes the following:
 - 2022 Federal 1040 (page 1 & 2 only) with children listed as dependents
 - 2022 W2
- If applicable:
 - 2022 Schedule C/Schedule 1 (if business/other income noted on form 1040)
 - 2022 SSI 1099S or benefit budget letter including monthly amount
 - Unemployment determination letter
 - Current SNAP Food Stamp and/or Welfare benefit budget letter including monthly amounts.
- A \$35 non-refundable application fee (payable via credit or prepaid credit card) is required (one per family).
- Students receiving tuition assistance are not eligible for more than one award.
- All applicants will be notified by email of our decision **July 2023**.
- Tuition assistance payments are made directly to the schools (January 2024 and June 2023).

For more information and facts about applying visit www.sficnj.org. If you have any questions you can email your question or comment to schofund@rcan.org. Make sure you leave your name, name of student, question and a daytime phone number where we can reach you.

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Sinai Christian Academy School Admissions Procedure (1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Grades)

1. Do the Following:
 - ___ Complete Application
 - ___ Sign Release of Records for previous school
 - ___ Give Teacher Recommendation Form to child's teacher (optional)
 - ___ Give Church Recommendation Form to a church leader
(who knows your child well)

2. Gather the following documents:
 - ___ Birth Certificate
 - ___ Social Security Card
 - ___ Immunization Records
 - ___ Copies of previous Report Card
 - ___ Standardized Test results
 - ___ IEP/ISP (if your child is classified)

3. Bring the completed Application and Documents with the Non-refundable Registration Fee to Sinai Christian Academy.
4. Once all the documentation is received, the office will schedule an interview with the parent(s) and child.
5. If the child is accepted, a testing date will be scheduled and an acceptance letter will be sent to you. Parents and Jr. and Sr. High School students must sign Covenants.
6. Sign the Promissory Note, Pay Insurance, and Curriculum Fees within 10 days of acceptance, if before June (if accepted after June, fees will be due immediately).
7. Schedule the Child for a Physical with your doctor, and bring the report and health history records to the school.
8. Pay tuition by the due date in the months of Aug through May.

SCA TIME SCHEDULES

Arrival Time: 8:20am

Dismissal Time: Mon-Thur 3:00pm

Fridays 12:30pm

Before Care: 7:00am-8:20am

After Care: 3:00pm-6:00pm

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Student Application 2023-2024 **Date:** _____ **Grade:** _____

Child's Name:	Birthdate:	Gender:
_____	_____	_____
Child's Social Security Number	Current School	
_____	_____	
Place of Birth	Address	
_____	_____	
City, State, Zip	City, State, Zip	
_____	_____	
Is student US citizen?	School Phone Number	
_____	_____	
If not, what is his/her status?	School Previously Attended and Years/Grades attended	
_____	_____	
Student's e-mail address	Address, City, State, Zip	
_____	_____	
Student's Cell Phone Number	School Previously Attended and Years/Grades attended	
_____	_____	
Primary Language Spoken at home	Address, City, State, Zip	
_____	_____	
Other Language(s) Spoken	School Previously Attended and Years/Grades attended	
_____	_____	
<u>Ethnic Background:</u> Check all that apply	Address, City, State, Zip	
_____ African American _____ American Indian		
_____ Asian/Pacific Islands _____ Caucasian		
_____ Hispanic _____ Other		

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1. Has applicant ever repeated a grade? _____ If yes, which grade(s)? _____
2. Has applicant ever been suspended or expelled? _____
3. If yes, for what reason? _____
4. Has applicant ever received in school suspension? _____
5. Has student gbeen evaluated by a Child Study Team and/or classified? If yes, why? _____
6. Has applicant been convicted of a crime? _____

Student Application 2023-2024 **Date:** _____ **Grade:** _____

Child's Name:	Birthdate:	Gender:
_____	_____	_____
Father's Name	Mother's Name	
_____	_____	
Address	Address	
_____	_____	
City, State, Zip	City, State, Zip	
_____	_____	
Home Phone Number	Home Phone Number	
_____	_____	
Cell Phone Number	Cell Phone Number	
_____	_____	
Work Phone Number	Work Phone Number	
_____	_____	
E-Mail Address	E-Mail Address	
_____	_____	
Father's Employer	Mother's Employer	
_____	_____	
Address	Address	
_____	_____	
City, State, ZiP	City, State, ZiP	
_____	_____	
Position	Position	

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<p>For Office Use Only:</p> <p><input type="checkbox"/> Application Fee Date & #: _____</p> <p><input type="checkbox"/> Completed Application</p> <p><input type="checkbox"/> Curriculum Fee Date & #: _____</p> <p><input type="checkbox"/> Copy of Birth Certificate</p> <p><input type="checkbox"/> Copy of Immunizations Date: _____</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> School Records Received</p> <p><input type="checkbox"/> IEP/ISP Received</p> <p><input type="checkbox"/> Pastoral Recommendation</p> <p><input type="checkbox"/> Educational Recommendation</p> <p><input type="checkbox"/> Interview Date: _____</p>	<p>Are Natural Parents:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Not Married</p> <p><input type="checkbox"/> Separated <input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Deceased (Mother or Father)</p> <p>Who has legal custody of this child?</p> <p>Is this a legal guardian? _____</p> <p>Copies of Documentation: _____</p> <p>_____</p> <p>Court Order Attached? _____</p>
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Request for Release of Records

Date: _____

Please forward to the attention of Student Records.

Student: _____ Grade: _____

The above-named student has applied to Sinai Christian Academy for the 2019-2020 school year. Please forward a copy of the student's permanent health record, as well as academic, attendance, and disciplinary records. If the student has been evaluated by a Child Study Team or has an IEP or ISP, please release copies of those also. For students completing 6th through 11th grades, please forward an official transcript to us, upon completion of the current school year. All records can be forward to

Sinai Christian Academy
2301 Grier Avenue
Linden, New Jersey 07036
Attention: Admissions Department

Thank you for your time and anticipated cooperation in this matter.

Sincerely,
SCA Admissions Department

I hereby authorize _____ to release
(Name of School)
all health, academic, attendance, and discipline records, as well as child study

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team evaluations for my child, _____, to
(Student's Printed Name)
Sinai Christian Academy.

Parent's Signature: _____ Date: _____

Church Reference Form 2023-2024

To be completed by the prospective student's Pastor, Church Elder, Youth Leader, Sunday School teacher, or Ministry Leader who can best answer questions concerning the student. Please mail the completed form directly to Sinai Christian Academy. Thank you.

Student's Name: _____ Entering
Grade: _____

Parent/Guardian: _____ Date
Submitted: _____

Waiver

I hereby, waive my right to review this confidential recommendation given by a ministry leader from my home church concerning my above named child.

Parent/Guardian Signature: _____ Date: _____

- 1) How long has this family attended your church? _____
- 2) How frequently does he/she attend services? _____ Weekly _____ Monthly _____ Rarely
- 3) In your opinion, does the student have a personal devotion to Jesus? _____
- 4) If yes on what evidence are you basing this? _____
- 5) Does the student have a positive attitude toward authority and instruction? _____
- 6) On what evidence are you basing this? _____
- 7) Does the student have any physical, emotional, or personality traits which could potentially impact his/her relationship with others? _____
- 8) If yes, please explain (continue on back): _____

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Signature: _____ Date: _____

Your Printed Name: _____ Position/Title: _____

Church Name: _____

Address: _____ Phone #: _____

STUDENT PICK-UP FORM

Student Name(s): _____ Grade(s): _____

Student Name(s): _____ Grade(s): _____

Student Name(s): _____ Grade(s): _____

Student Name(s): _____ Grade(s): _____

Mother's Name: _____ Father's Name: _____

Home Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Phone #: _____

Sinai Christian Academy ("SCA") is hereby authorized to release my children to the following individuals:

<u>Name</u>	<u>Address & Phone Number</u>	<u>Copy of License/I.D.</u>
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1. _____

2. _____

3. _____

I understand that each of these individuals must provide current I.D. to the office staff (i.e., driver's license) and a copy will be made to keep with the school's records. **Furthermore**, I understand that it is my responsibility to contact the school office and notify SCA that there is a change in the regular pick-up procedure. I also understand that my child(ren) will not be released to any individual, not on this list. I must contact SCA to complete a new form should the information on this form change, or I wish to add or remove anyone from this authorization.

The following individuals have been prohibited from picking up my child(ren) by Court Order/Restraining Order (copy attached).

<u>Name</u>	<u>Address & Phone Number</u>	<u>Attach Photo (if available)</u>
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1. _____

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2.

Signature

Date

Sinai Christian Academy 2023~2024

Parental Consent Forms: Please sign and return the **Off-Property Permission** form

STUDENT NAME: _____

Date: _____

Off-Property Permission Form:

During the year our students may be taking short walks around the school property and to various locations in the neighborhood. These excursions are an important part of our Curriculum. In addition, many of the outdoor education activities will originate as a natural extension of the in-school program and as such can occur at almost any time.

By signing the attached form you give your consent for your child to participate in excursions which involve walking beyond the school property under teacher supervision and within school hours.

I give my permission for my child to participate in excursions which may involve walking beyond the school property under teacher supervision.

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Date

Signature of Parent/Guardian

Appendix C Individual Student Request Form

INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS	
DATE:	
PUBLIC SCHOOL DISTRICT: LINDEN	NONPUBLIC SCHOOL: SINAI CHRISTIAN ACADEMY
ADDRESS: 2301 GRIER AVE, LINDEN NJ, 07036	
NAME OF STUDENT	GRADE:
NAME OF PARENT	
<p>Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the (Public School District) to loan textbooks to the (Nonpublic School) in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.</p>	
SIGNATURE OF PARENT GUARDIAN: _____	
DATE: _____	

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Application Certification

Students Name: _____

Birthdate: _____ Grade: _____

I/We attest that all of the information presented on this form is true, accurate, and complete. I/We authorize the SCA School Board to release this form and all attachments to pertinent parties and to confirm that the information included herein is indeed accurate.

I/We understand that this application will not be processed without the requested documentation attached. In addition, I/We understand that any false information provided will result in the student not being accepted and/or discharged from Sinai Christian Academy.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Certificamos / confirmamos que toda la información presentada en este formulario es verdadera, precisa y completa. Autorizo / autorizamos a la Junta Escolar de SCA a entregar este formulario y todos los anexos partes pertinentes, y a confirmar que la información incluida en este documento es realmente precisa. Entiendo/ entendemos que esta solicitud no se procesará sin la documentación solicitada adjunta. Entiendo que

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cualquier información falsa resultará en que el estudiante no sea aceptado y/o dado de baja de Sinai Christian Academy.

REQUEST FOR BEFORE AND AFTER CARE

Extended care is provided for students who have a need to be cared for before and after school hours. The hours of our Extended Care Program are 7:00 am – 8:30 am and/or 3:00 pm - 6:00 pm. Space is limited.

Child's Name: _____ Age: _____ Grade: _____

Child's Address: _____

Parent's Name: _____

Parent's Phone Number: _____ 7:00 AM - 8:30 AM

3:00 PM – 6:00 PM

BOTH

· **Please note there is no transportation available for before and after care.**

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