



Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

Phone: (908) 486-2006

Sinai Christian Academy School Admissions Procedure (Pre-K – Kindergarten)

1. Do the Following:
 - ☐ Complete Application
2. Gather the following documents:
 - ☐ Birth Certificate
 - ☐ Immunization Records
3. Bring the completed Application and Documents with the Non-refundable Registration Fee to Sinai Christian Academy.
4. Once all of the documentation is received, the office will schedule an interview appointment with parent(s) and child.
5. If applicable, a test date will be scheduled, and an acceptance letter will be sent to you.
6. Sign Promissory Note, pay Insurance and Curriculum Fee within 10 days of acceptance, before June (if accepted after June, fees will be due immediately).
7. Schedule Child for a Physical with your doctor and bring report and health history records to school.
8. Pay tuition by due date in months of August through May



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Early Childhood Application

DATE

P3 P4 K

Child's Name:	Birth Date:	Gender:
<hr/>	<hr/>	<hr/>
Father's Name	Mother's Name	
<hr/>	<hr/>	
Address	Address	
<hr/>	<hr/>	
City, State, Zip	City, State, Zip	
<hr/>	<hr/>	
Home Phone Number	Home Phone Number	
<hr/>	<hr/>	
Cell Phone Number	Cell Phone Number	
<hr/>	<hr/>	
Work Phone Number	Work Phone Number	
<hr/>	<hr/>	
E-Mail Address	E-Mail Address	
<hr/>	<hr/>	
Father's Employer	Mother's Employer	
<hr/>	<hr/>	
Address	Address	
<hr/>	<hr/>	
City, State, Zip	City, State, Zip	
<hr/>	<hr/>	
Position	Position	
<hr/>	<hr/>	

<u>For Office Use Only:</u>	Are Natural Parents:
<input type="checkbox"/> Application Fee Date & # _____	<input type="checkbox"/> Married <input type="checkbox"/> Not Married
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced
<input type="checkbox"/> Curriculum Fee Date & # _____	<input type="checkbox"/> Deceased (Mother or Father)
<input type="checkbox"/> Copy of Birth Certificate	Who has legal custody of this child?
<input type="checkbox"/> Copy of Immunizations Date _____	<hr/>
<input type="checkbox"/> Physical	Is this a legal guardian? _____
<input type="checkbox"/> Interview	Documentation: _____
<hr/>	<hr/>

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	
Ethnic Background: Check all that apply <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islands <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	_____ Address, City, State, Zip	
Please tell us about your child: _____ _____ _____ _____ _____		

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Church Reference Form

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 completed form directly to Sinai Christian Academy. Thank you.

Student's Name: _____ Entering Grade: _____

Parent/Guardian: _____ Date Submitted: _____

-
-
- 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): _____

Signature: _____ Date: _____

Your Printed Name: _____ Position/Title: _____

Church Name: _____

Address: _____ Phone #: _____



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Early Childhood Department

Page 3

Child's Name:

About Your Child

1. Has your child ever been in a daycare or preschool setting ?
2. If yes, what type?
3. Was it a positive experience for him/her?
4. Why are you enrolling your child at Sinai Christian Academy?
5. Has your child been exposed to any traumatic events such as a death in the family, divorce, birth of a sibling, etc?
6. What is your child's temperament? Is he/she compliant, easy going, demanding, aggressive, pleasant, etc?
7. What is your method of discipline?
8. Does your child have any dietary restrictions? Are these food allergies?
9. What are your child's favorite foods?
10. Are there any foods that your child particularly dislikes?
11. Is your child reliable in conveying his/her bathroom needs?
12. What words does he/she use for bowel movements?
13. What words does he/she use for urination?
14. At what time does your child wake up in the morning?
15. At what time does your child go to sleep at night?
16. Does he/she sleep through the night?
17. Does he sleep in a bed, crib, or other?
18. Does your child have siblings? If yes, please complete following:
Name: Age: Gender:
Name: Age: Gender:
19. Has your child had experience playing with other children?
20. What language(s) are spoken at home?
21. Does your child have any security objects, such as a blanket or toy?
22. What are your child's favorite activities, books, toys, etc?
23. Do you have any specific concerns?



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Early Childhood General Health Information To be completed by a Parent or Guardian

Please complete all information in its entirety and attach a copy of your child's current immunization records. It is also necessary for your child to have a complete physical.

Student's Name:		Birthdate:	
Doctor's Name:			
Address:			
Phone:		Fax:	
Dentist's Name:			
Address:			
Phone:		Fax:	
Emergency Contact:		Home Phone:	
		Cell Phone:	
Relation:		Office Phone:	
Does your child have allergies?		What?	
What type of reaction or symptoms?			
Child's treatment for allergic reaction:			
Does child have asthma?			
If yes, what are his/her triggers?			
Child's asthma treatment:			
Does child use inhaler or nebulizer?			
List any other of child's other medical conditions:			
List medications:			
Does child have speech, hearing, or visual difficulties?			
Diagnosed with ADD, ADHD, or Sensory sensitivity?			
Is child receiving special services?			
If yes, please explain:			
Please circle if your child has problems with any of the following:			
Constipation	Convulsions	Diarrhea	Fainting Spells
Frequent Colds	Frequent Ear Infections	Frequent Sore Throats	Lice
Ringworm	Skin Rash	Stomach Upsets	Soiling
Urinary Problems	Worms		
Please circle if your child has ever had any of the following:			
Asthma	Bronchitis	Chicken Pox	Diabetes
Heart Disease	Hepatitis	Impetigo	Measles
Mumps	German Measles	Polio	Scarlet Fever
Tuberculosis	Whooping Cough		

UNIVERSAL CHILD HEALTH RECORD

*Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health*

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		Child's Name (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 signs/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:			Scoliole		
<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					



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www.sinaichristianacademy.org

OFF-PREMISES CONSENT FORM 2026-2027

I hereby give permission for the staff of Sinai Christian Academy ("SCA") teachers and staff to take my child(ren) off school premises to participate in local school events, which may include, a local park, the fire department, or other community locations, as well as participating in gym activities which are off premises at a local park. I understand that this permission slip allows my child(ren) to ride SCA's school bus to various locations.

Name(s) of Child(ren)

Parent/Guardian Signature

Date

Emergency Contact Number

Sinai Christian Academy

Schedule of Tuition & Fees

2026 - 2027

Phone: (908) 486-2006 Fax: (973) 498-1817

Registration Fees		
Non-refundable	Registration Fee	Late Registration Fee
First child in family	\$200.00	\$250.00 after 3/15/2026
Each additional child in family	\$150.00	\$200.00 after 3/15/2026
Family Maximum – 4 Students	\$500.00	\$550.00 after 3/15/2026

Curriculum User Fees			
Non-refundable	Early Childhood / K	1 – 2nd grades	3rd – 12 th grades
Per Student by 4/15/26	\$420.00	\$420.00	\$370.00
Per Student after 4/16/26	\$450.00	\$450.00	\$395.00

Insurance Fee	
Annual Insurance Fee per student due 4/15/26	\$150.00

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 -12:30 p.m.

A Service Fee of 5% will be assessed on all 10 month payment plans: Aug 2026 – May 2027

GENESIS EARLYCHILDHOOD PROGRAM				
<u>GRADE</u>	<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>	<u>4 Children</u>
PreK3-PreK4 - Kinder	\$ 6,725.00	13,450.00	-	-

SINAI ACADEMY				
<u>GRADE</u>	<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>	<u>4 Children</u>
1st-5 th grades	\$ 6,520.00	7% off Total Academy Tuition	10% off Total Academy Tuition	15% off Total Academy Tuition
6 th – 8 th grades	\$ 6,870.00			
9 th – 12 th grades	\$ 7,515.00			
If 1 st child is in Genesis and 2 nd child is in the Academy – there is a 5% discount for the 2 nd child				
<i>Discounts are for tuition only, not registration, curriculum or insurance</i> <i>A late fee of \$50.00 will be assessed for any payment more than 3 days after the due date.</i>				

Extended Care Fees			
<u>Early Childhood</u>	<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>
Before School (7:00am – 8:30am)	\$ 1150.00	\$ 1,725.00	-
<u>1st through 5th grades</u>	<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>
Before School (7:00am – 8:30am)	\$ 920.00	\$ 1,495.00	\$ 2,070.00
After School Care (until 6:00pm)	\$ 1,725.00	\$ 2,875.00	\$ 4,025.00
Both Before & After	\$ 2,300.00	\$ 3,450.00	\$ 4,370.00
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 \$550 Fee Due by Oct 1,2026



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MEDIA CONSENT FORM 2026-2027

I hereby consent to the use of any photographs/video tape taken of my child by Sinai Christian Academy or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the Sinai Christian Academy in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

By law, Sinai Christian Academy protects the privacy of the students and is prohibited from releasing students' personal information. Any student and/or their schoolwork will be identified by first name only. No last names will be mentioned.

From time-to-time representatives of the news media are invited to campus to cover events at our school. When this happens, there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

Please mark any of the choices below and return to school.

_____ Yes, I give permission to photograph, videotape, or audio record my child and for local news media to photograph and/or interview my child. I also give permission to display my child's schoolwork and photographs including class pictures and T-shirts.

_____ Please do not publish my child's photograph or schoolwork on the Sinai Christian Academy website or any other Internet page for which the photo may be requested.

_____ Please only publish my child's photograph in group photos, no individual shots.

_____ I do not give permission for my child's photograph or schoolwork to be used for ANY school publication, news media usage or Internet website, or for the news media to photograph and/or interview my child.

Please Print

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Parent or Guardian if above person is under 18

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STUDENT REFERRAL PROGRAM

Dear Parents:

Great News! We have expanded our student referral program. Refer your family and friends to Sinai Christian Academy and receive a discount on your 2025/2026 tuition.

The referral program will work as follows:

Refer	Receive
Refer 1 Family	\$300 off 2025/2026 tuition
Refer 2 Families	\$600 off 2025/2026 tuition
Refer 3 Families	\$1000 off 2025/2026 tuition
Refer 4 Families	\$1500 off 2025/2026 tuition

Reduction in tuition will be reduced at the end of the 2025/2026 school year provided the referral family and the referred family remains registered for the 2020/2021 school year and the referred family's tuition is paid in full.

Reduction in tuition is not to exceed total of referring family's yearly tuition.

If you have any questions, please call the main office at 908-486-2006.

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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. _____

2. _____

Signature

Date