

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036
Phone: (908) 486-2006

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 Grade _____

Child's Name: _____		Birthdate: _____	Gender: M / F
_____ 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 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 Attended	
Ethnic Background: Check all that apply			
___ African American		___ American Indian	
___ Asian/Pacific Islands		___ Caucasian	
___ Hispanic		___ Other	

Please tell us about your child: _____

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Child's Name:	Birthdate:	Gender:
_____	_____	_____
Child's Social Security Number	Current School	_____
_____	Address	_____
Place of Birth	City, State, Zip	_____
_____	School Phone Number	_____
City, State, Zip	School Previously Attended and Years/Grades attended	_____
Is student US citizen?	Address, City, State, Zip	_____
_____	School Previously Attended and Years/Grades attended	_____
If not, what is his/her status?	Address, City, State, Zip	_____
_____	School Previously Attended and Years/Grades attended	_____
Student's e-mail address	Address, City, State, Zip	_____
_____	_____	_____
Student's Cell Phone Number	_____	_____
_____	_____	_____
Primary Language Spoken at home	_____	_____
_____	_____	_____
Other Language(s) Spoken	_____	_____
_____	_____	_____
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	_____	_____
_____	_____	_____
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 been evaluated by a Child Study Team and/or classified? _____		
6) Has applicant been convicted of a crime? _____		

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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 2024-2025 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 time and anticipated cooperation in this matter.

Sincerely,
SCA Admissions Department

I hereby authorize _____ to release
(Name of School)

(School Address)

all health, academic, attendance, and discipline records, as well as child study

team evaluations for my child, _____, to
(Student's Printed Name)

Sinai Christian Academy.

Parent's Signature: _____ Date: _____

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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: _____

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): _____

Signature: _____ Date: _____

Your Printed Name: _____ Position/Title: _____

Church Name: _____

Address: _____ Phone #: _____

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STUDENT PHYSICAL QUESTIONNAIRE 2024-2025

To be completed by a physician

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

Student's Name:	Birthdate:		
Does 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 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:			
<u>Please circle if your child has problems with any of the following:</u>			
Constipation	Convulsions	Diarrhea	Fainting Spells
Frequent Colds	Frequent Ear Infections	Frequent Sore Throats	Lice
Ringworm	Skin Rash	Stomach Upsets	Soiling
Urinary Problems	Worms	Lead Poisoning	
<u>Please circle if your child has ever had any of the following:</u>			
Asthma	Bronchitis	Chicken Pox	Diabetes
Heart Disease	Hepatitis	Impetigo	Measles
Mumps	German Measles	Polio	Scarlet Fever
Tuberculosis	Whooping Cough	Kidney Disease	Sickle Cell
<u>Please provide any other medical information you deem necessary for Sinai Christian Academy to be aware of:</u>			
<hr/>			
<hr/>			

Physician's Signature

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)		(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>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
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:			Scotiosis		
<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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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>
-------------	-----------------------------------	-----------------------------

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

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036
Phone: (908) 486-2006

2.

Signature

Date

Sinai Christian Academy

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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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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REQUEST FOR BEFORE AND AFTER CARE

Extended care is offered to 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.

Sinai Christian Academy

Schedule of Tuition & Fees

2024 - 2025

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

Registration Fees		
Non-refundable	Registration Fee	Late Registration Fee
First child in family	\$150.00	\$200.00 after 3/15/2024
Each additional child in family	\$100.00	\$150.00 after 3/15/2024
Family Maximum – 4 Students	\$400.00	\$450.00 after 3/15/2024

Curriculum User Fees			
Non-refundable	Early Childhood / K	1 – 4 th grades	5 th – 12 th grades
Per Student by 4/15/24	\$150.00	\$300.00	\$350.00
Per Student after 4/16/24	\$175.00	\$325.00	\$375.00

Insurance Fee	
Annual Insurance Fee per student due 4/15/24	\$100.00

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 2024 – May 2025

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	\$ 5,850.00	11,250.00	-	-

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	\$ 5,670.00	7% off Total Academy Tuition	10% off Total Academy Tuition	15% off Total Academy Tuition
6 th – 8 th grades	\$ 5,972.00			
9 th – 12 th grades	\$ 6,536.00			

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>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>
Before School (7:00am – 8:30am)	\$ 900.00	\$ 1,500.00	-
After School Care (until 6:00pm)	\$ 1,800.00	\$ 2,800.00	-
Both Before & After	\$ 2,400.00	\$ 3000.00	-
<u>K – 8th grades</u>	<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>
Before School (7:00am – 8:30am)	\$ 650.00	\$ 1,100.00	\$ 1,500.00
After School Care (until 6:00pm)	\$ 1,400.00	\$ 2, 420.00	\$ 3,200.00
Both Before & After	\$ 1,650.00	\$ 2,800.00	\$ 3,800.00

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 \$500 Fee Due by Oct 1,2024

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www.sinaichristianacademy.org

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 2024/2025 tuition.

The referral program will work as follows:

Refer	Receive
Refer 1 Family	\$300 off 2024/2025 tuition
Refer 2 Families	\$600 off 2024/2025 tuition
Refer 3 Families	\$1000 off 2024/2025 tuition
Refer 4 Families	\$1500 off 2024/2025 tuition

Reduction in tuition will be reduced at the end of the 2024/2025 school year provided the referral family and the referred family remains registered for the 2024/2025 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.

Sincerely,

Pastor Daisy Velez-Melendez
Ury Melendez