

# Schedule of Tuition & Fees 2023-2024

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

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

<b>Insurance Fee</b>	
Annual Insurance Fee per student due by 04/15/23	<b>\$100.00</b>

## 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 2023 – May 2024**

<b>Genesis Early Childhood Program</b>				
<b>Grades PreK3 &amp; PreK4</b>	<b>1 Child \$5850</b>	<b>2 Children \$11250</b>	<b>3 Children ---</b>	<b>4 Children ---</b>

<b>SINAI ACADEMY</b>				
<b>Grades</b>	<b>1 Child</b>	<b>2 Children</b>	<b>3 Children</b>	<b>4 Children</b>
<b>K-5TH</b>	<b>\$5400</b>	<b>7% OFF TOTAL ACADEMY TUITION</b>	<b>10% OFF TOTAL ACADEMY TUITION</b>	<b>15% OFF TOTAL ACADEMY TUITION</b>
<b>6TH-8TH</b>	<b>\$5688</b>			
<b>9TH-12TH</b>	<b>\$6225</b>			

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**

<b>EXTENDED CARE FEES</b>	
<b>EXTENDED CARE FEES</b>	
<b>Early Childhood</b>	<b>Per Child</b>
Before School (7:00am – 8:30am)	<b>\$1,245.00</b>
After School Care (until 6:00pm)	<b>\$ 1,925.00</b>
<b>Both Before &amp; After</b>	<b>\$ 3,170.00</b>
<b>K – 8<sup>th</sup> grades</b>	<b>Per Child</b>
Before School (7:00am – 8:30am)	<b>\$1,130.00</b>
After School Care (until 6:00pm)	<b>\$ 1,695.00</b>

**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 assess 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](http://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](http://www.sficnj.org). If you have any questions you can email your question or comment to [schofund@rcan.org](mailto:schofund@rcan.org). Make sure you leave your name, name of student, question and a daytime phone number where we can reach you.

# Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

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

## **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
  
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 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.
  
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

# Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

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

**Student Application 2023-2024**    **Date:** \_\_\_\_\_    **Grade:** \_\_\_\_\_

<b>Child's Name:</b>	<b>Birthdate:</b>	<b>Gender:</b>
_____ 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	
<b>Ethnic Background:</b> Check all that apply		_____ Address, City, State, Zip
____ African American	____ American Indian	
____ Asian/Pacific Islands	____ Caucasian	
____ Hispanic	____ Other	
Tell us about your child: _____		
_____		
_____		
_____		
_____		
_____		
_____		

# Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

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

**Student Application 2023-2024**    **Date:** \_\_\_\_\_    **Grade:** \_\_\_\_\_

<b>Child's Name:</b>	<b>Birthdate:</b>	<b>Gender:</b>
<p>_____ Father's Name</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Home Phone Number</p> <p>_____ Cell Phone Number</p> <p>_____ Work Phone Number</p> <p>_____ E-Mail Address</p> <p>_____ Father's Employer</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Position</p>	<p>_____ Mother's Name</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Home Phone Number</p> <p>_____ Cell Phone Number</p> <p>_____ Work Phone Number</p> <p>_____ E-Mail Address</p> <p>_____ Mother's Employer</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Position</p>	
<p><b>For Office Use Only:</b></p> <p>___ Application Fee    Date &amp; #: _____</p> <p>___ Completed Application</p> <p>___ Curriculum Fee    Date &amp; #: _____</p> <p>___ Copy of Birth Certificate</p> <p>___ Copy of Immunizations    Date: _____</p> <p>___ Physical</p> <p>___ School Records Received</p> <p>___ IEP/ISP Received</p> <p>___ Pastoral Recommendation</p> <p>___ Educational Recommendation</p> <p>___ Interview    Date: _____</p>	<p><b>Are Natural Parents:</b></p> <p>___ Married    ___ Not Married</p> <p>___ Separated    ___ Divorced</p> <p>___ Deceased (Mother or Father)</p> <p><b>Who has legal custody of this child?</b></p> <p>_____</p> <p>Is this a legal guardian? _____</p> <p>Copies of Documentation: _____</p> <p>_____</p> <p>Court Order Attached? _____</p>	

# Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

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

## 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**  
**team evaluations for my child, \_\_\_\_\_, to**  
**(Student's Printed Name)**  
**Sinai Christian Academy.**

**Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



# Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

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

## Sinai Christian Academy 2022~2023

**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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



# Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

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

## Appendix C Individual Student Request Form

<b>INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS</b>	
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: _____	

# Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

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

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

# Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

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

## 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.**