

# Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

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

## **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, if 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 July through April.

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**New student application 2024-2025/Grade: Prek-3/4 or Kinder**

Child's Name:	Birthdate:	Gender:
<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><u>For Office Use Only:</u></b></p> <p><input type="checkbox"/> Application Fee Date &amp; #: _____</p> <p><input type="checkbox"/> Completed Application</p> <p><input type="checkbox"/> Curriculum Fee Date &amp; #: _____</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><b><u>Are Natural Parents?</u></b></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> <hr/> <p>Is this a legal guardian? _____</p> <p>Copies of Documentation: _____</p> <hr/> <p>Court Order Attached? _____</p> <hr/>	

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Child's Name:	Birthdate:	Gender:
<p>_____</p> <p>Child's Social Security Number</p> <p>_____</p> <p>Place of Birth</p> <p>_____</p> <p>City, State, Zip</p> <p>_____</p> <p>Is student US citizen?</p> <p>_____</p> <p>If not, what is his/her status?</p> <p>_____</p> <p>Student's e-mail address</p> <p>_____</p> <p><b>Student's Cell Phone Number</b></p> <p>_____</p> <p>Primary Language Spoken at home</p> <p>_____</p> <p>Other Language(s) Spoken</p> <p>_____</p> <p><b>Ethnic Background:</b> Check all that apply</p> <p><input type="checkbox"/> African American      <input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Asian/Pacific Islands      <input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Hispanic      <input type="checkbox"/> Other</p>	<p>_____</p> <p>Current School</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip</p> <p>_____</p> <p><b>School Phone Number</b></p> <p>_____</p> <p>School Previously Attended and Years/Grades attended</p> <p>_____</p> <p>Address, City, State, Zip</p> <p>_____</p> <p>School Previously Attended and Years/Grades attended</p> <p>_____</p> <p>Address, City, State, Zip</p> <p>_____</p> <p>School Previously Attended and Years/Grades attended</p> <p>_____</p> <p>Address, City, State, Zip</p> <p>_____</p>	
<p>1) Has applicant ever repeated a grade? _____ If yes, which grade(s)? _____</p> <p>2) Has applicant ever been suspended or expelled? _____</p> <p>3) If yes, for what reason? _____</p> <p>4) Has applicant ever received in-school suspension? _____</p> <p>5) Has student been evaluated by a Child Study Team and/or classified? _____</p> <p>6) Has applicant been convicted of a crime? _____</p>		

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Early Childhood Department

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**Child's Name:**

## About Your Child

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

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

# Sinai Christian Academy

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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.

<b>Student's Name:</b>	<b>Birthdate:</b>		
<b>Does child have allergies?</b>	<b>What?</b>		
<b>What type of reaction or symptoms?</b>			
<b>Child's treatment for allergic reaction:</b>			
<b>Does child have asthma?</b>			
<b>If yes, what are his/her triggers?</b>			
<b>Child's asthma treatment:</b>			
<b>Does child use inhaler or nebulizer?</b>			
<b>List any other medical conditions:</b>			
<b>List medications:</b>			
<b>Does child have speech, hearing, or visual difficulties?</b>			
<b>Diagnosed with ADD, ADHD, or Sensory sensitivity?</b>			
<b>Is child receiving special services?</b>			
<b>If yes, please explain:</b>			
<b><u>Please circle if your child has problems with any of the following:</u></b>			
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	
<b><u>Please circle if your child has ever had any of the following:</u></b>			
Asthma	Bronchitis	Chicken Pox	Diabetes
Heart Disease	Hepatitis	Impetigo	Measles
Mumps	German Measles	Polio	Scarlet Fever
Tuberculosis	Whooping Cough	Kidney Disease	Sickle Cell
<b><u>Please provide any other medical information you deem necessary for Sinai Christian Academy to be aware of:</u></b>			
<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)		_____	
<b>IMMUNIZATIONS</b>		<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:			Scoliosis		
<input type="checkbox"/> <i>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.</i>					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
Signature/Date _____					

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www.sinaichristianacademy.org

## 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 &amp; 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 &amp; Phone Number</u>	<u>Attach Photo (if available)</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## 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

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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.**

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[www.sinaichristianacademy.org](http://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 <b>1</b> Family	\$300 off 2024/2025 tuition
Refer <b>2</b> Families	\$600 off 2024/2025 tuition
Refer <b>3</b> Families	\$1000 off 2024/2025 tuition
Refer <b>4</b> 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

# Sinai Christian Academy

## Schedule of Tuition & Fees

### 2024 - 2025

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

Registration Fees		
<b>Non-refundable</b>	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			
<b>Non-refundable</b>	Early Childhood / K	1 – 4 <sup>th</sup> grades	5 <sup>th</sup> – 12 <sup>th</sup> 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 <sup>th</sup> grades	\$ 5,670.00	7% off Total Academy Tuition	10% off Total Academy Tuition	15% off Total Academy Tuition
6 <sup>th</sup> – 8 <sup>th</sup> grades	\$ 5,972.00			
9 <sup>th</sup> – 12 <sup>th</sup> grades	\$ 6,536.00			

If 1<sup>st</sup> child is in Genesis and 2<sup>nd</sup> child is in the Academy – there is a 5% discount for the 2<sup>nd</sup> 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	-
K – 8 <sup>th</sup> grades			
<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**