MOUNT JEZREEL CHRISTIAN SCHOOL

Admissions Application



"Building a foundation for academic and spiritual excellence!"

Reverend Eldridge Spearman, Senior Pastor

For additional information, please contact: Sister Menia Pearson or Dr. Tracey Holoman 420 University Boulevard East ♦ Silver Spring, MD 20901 School Phone: (301) 431-1985 ♦ Church Phone: (301) 431-2800 ♦ Fax: (301) 431-1595

Email: christianschool@mtjezreel.net Website: mjbccs.org

(Please type or print.)

Check grade applying for: ☐ Pre-School 2's & 3's ☐ Pre-I	Kindergarten Kindergarten
☐ First Grade ☐ Second Grade ☐ Third Grade ☐ Fourth Gr	rade 🗖 Fifth Grade 🗖 Sixth Grade

STUDENT INFORMATION			
	esent Weight:		
Primary language, if other than English: Student's Full Name (as it should appear on school records) Last, First, Middle			
Commonly used first name:	Gender (M/F)		
Social Security Number	Date of Birth (MM/DD/YYYY)		
Current School (name, address, telephone number to in	oclude area code) Grade	!	
Student lives with (check any that apply) Father Stepfather Mother Stepmother Sibling (s) How many What ages	Please check any that apply: Student adopted Single parent household Parents Divorced/Separated Joint Custody Mother has custody Father has custody		

FAMILY INFORMATION		
Parent's Full Name (Father)	Parent's Full Name (Mother)	
Home Address:	Home Address:	
Social Security Number:	Social Security Number:	
Phone Number:	Phone Number:	
Cell Number:	Cell Number:	
Nature of Work:	Nature of Work:	
Employer:	Employer:	
Business Telephone (include area code)	Business Telephone (include area code)	
E-Mail Address:	E-Mail Address:	
Church Affiliation:	Church Affiliation:	
Applicant's Sibling #1 Profile		
Name of Sibling	Date of Birth (MM/DD/YYYY)	
School Attending	Grade	
Applicant's Sibling #2 Profile		
Name of Sibling	Date of Birth (MM/DD/YYYY)	
School Attending	Grade	
EMERGENCY CONTACT INFORMATION		
Name Phone	Relationship	
Name Phone	Relationship	
Name Phone	Relationship	
Paranta will be the initial contact. The amount		

Parents will be the initial contact. The emergency contact will be called if parents cannot be located.

PERSONAL PROFILE:
Parents Please Note: This information is requested solely to assist school personnel in the enhanced development of each individual student.
Does the applicant have any physical, emotional, social impairments or allergies that can in any way affect participation in the full range of school activities? Yes No If "Yes" please provide details:
STATISTICAL INFORMATION
How did you learn about Mount Jezreel Christian School?
Does student currently participate in art, athletics, dance, drama, music and any other special interest activity: Y/N
If "Yes" please provide details:

MEDIA Image and Name Use Waiver

Mount Jezreel Christian School has a website and has the use of a digital video camera. At any given time, photos of class trips, school activities, assemblies, etc. will be taken. Parents and guardians are asked to accept and sign the media image and name use waiver below.

I,	[Print Parent's Name],
Parent/Guardian of	[Print Student's Name],
give my permission for Mount Jezreel Christian School to	use my child's image
(photographic) in print media representations as well as or	
School internet web site. By granting this permission I exp	, ,
be utilized. Further, it is my understanding that at no time	•
student's phone number, street, mailing address, or e-mai	l address.
Parent/Guardian's Signature	Date

TUITION AND EXPENSES

Please read carefully:

- A \$200.00 non-refundable Admissions fee must accompany each application (excluding waiting files). The Admissions Fee will be applied towards tuition.
- Please send the entire application with the appropriate fee.
- By signing this application, I (we) agree to support and abide by all Mount Jezreel Christian School regulations.
- For additional information, please call (301) 431-1985, or Email: christianschool@mtjezreel.net

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First Child Tuition: \$6,300.00 Annually - no later than September 1

\$3,150.00 Semi-Annually – no later than September 1 and January 15 \$ 630.00 Monthly – beginning September 1 through June 1, unless accelerated payments are made.

accelerated payments are made. \$ 315.00 – 1st and 15th of each month

Tuition payments can be made by cash, check or money order.

There is a 5% discount for each additional student (payments must be made on time to keep the 5% discount)

Second Child Tuition: \$5,985.50 Annually - no later than September 1

\$1,970.00 Semi-Annually – no later than September 1 and January 15 \$ 598.50 Monthly – beginning September 1 through June 1, unless

accelerated payments are made.

\$ 299.25 - 1st and 15th of each month

Additional Fees:

Book Fee and Activities Fee (Pre-School/Pre-Kindergarten/Kindergarten) \$150.00 Book Fee and Activities Fee (First Grade through Sixth Grade) \$200.00

Before and After Care: (After Care includes Homework and Tutoring Center, Snack, and Scheduled Activities)

Weekly and Daily Rates:

Before Care: \$15.00 per week, \$3.00 per day **After Care:** \$30.00 per week, \$6.00 per day

Before and After Care: \$45.00 per week, \$9.00 per day

COMMITMENT

Name of person assuming financial responsibility for appli	cant:	
Correspondence regarding application should be address	to:	
Address:		
Telephone:		
Name of Student:	Date:	

I acknowledge that by submitting this application for admission of my child in the Mount Jezreel Church School, and paying the \$200 non-refundable application fee I make the following commitments:

- 1. I agree to comply with the rules and regulations of the Mount Jezreel Christian School.
- 2. In signing the MJCS Discipline Policy, I agree to comply with the General School Rules and Disciplinary Actions set by the MJCS.
- 3. I understand that behavior that is inappropriate/unacceptable will not be permitted and may result in a student's suspension or expulsion from the school.
- 4. In case he/she is ill or shows sign of infection or communicable diseases, I will not bring my child to the School, but will arrange for his/her care elsewhere.
- 5. In signing this application for my child it is my desire to have him/her attend the school year 2017-2018. I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. In case of accident or serious illness, I request the school to contact me. If Mount Jezreel Christian School is unable to locate me or my emergency contact when circumstances indicate immediate action is required, the school may make whatever arrangements are required in its judgment. Any expenses for this care will not be charged to the Mount Jezreel Christian School.
- 5. I will provide the required medical/dental insurance coverage for my child(ren) for accidents and injuries that may occur at school and during school related activities.
- 6. I pledge to meet my financial obligations when due. I will notify the business office immediately if for any reason my tuition payment is delayed. I will abide by the financial policies of the school. I understand that failure to comply with financial commitments will result in the expulsion of my child from the school.
- 7. I will abide by the Rules regarding attendance and punctuality.
- 8. I understand that tuition and related fees for one month must be paid before my child may continue in school for the following month. Report cards, school records, transcripts, etc. will not be released if required payments have not been met.
- 9. I will volunteer at least (two) days at the school during the year.

Father or Guardian's Signature

- 10. I agree to join the Parent Teacher Fellowship (PTF) and my family will commit to performing one PTF job during the year.
- 11. I will make every effort to enroll my child in Mount Jezreel Baptist Church youth activities, such as youth choir, Joshua church, etc.

,	I to with Mount Jezreel Christian School. It is my intent Jezreel Christian School. Only the person responsible on this form.
Mother or Guardian's Signature	Date

Date

PARENTS' TUITION CONTRACT

Please list the full nar	me of each enrolled stud	dent in this family unit.	
Only the person res	ponsible for and maki	ng payments of studen	ts' tuition <u>must</u> sign this form.
	tion for Admission of my		Jezreel Christian School, I make the
\$	Annually (\$6300.0	00 due September 1)	
\$	Semi-Annually (T	wo payments, \$3150.00 o	due September 1 and January 15)
\$	payments are made		ough June 1, unless accelerated
_\$		315.00 1 st and 15 th of ea	ch month)
\$ Lunderstand that this	•	etween Mount Jezreel Cl	•
the 15 th of each mont Early withdrawals are November 10, he for payment). Yearly fee I also acknowledge the voluntary or involuntary	h. Monthly payments a e subject to a penalty feits the remainder of the refunds will be prorated nat tuition payments will ary. Further, I acknowled an account becomes of	of one additional month ne November payment a d on the same basis. not be refunded in the eventh of the same business of the same business of the provinces of	each month thereafter, not later than hs (last payment due June 1). Ily payment (i.e., if a child withdraws nd must also make the full December vent my child is withdrawn from school Office reserves the right to advise the which can result in a request for the
Name of Parents		Signature	Date:
Social Security Num	nber:		
Address:			
Phone (Home)		Phone (Work)	
Email:		Cellular:	

BEFORE AND AFTER CARE PROGRAM CONTRACT

Payment for the Before and After Care Program is **not** included in the monthly tuition.

The Before and After Care Program fee is due at the beginning of each month. The hours of Before Care are 7:00 a.m. to 8:30 a.m. and After Care hours are from 3:15 p.m. to 6:00 p.m. Students remaining after 6:00 p.m. will be assessed an After Care extension fee of \$1.00 per minute. If you are late over three times, the per minute fee increases to \$5.00 per minute. The late fee is paid to compensate the staff worker who provides the excess care; therefore, you must pay the child care provider in *CASH* at the time you pick up your child(ren). Please note that consistent late arrival and refusal to pay the late fee will result in the denial of After Care services.

•	have any questions or need additional information, pian School Office at (301) 431-1985.	lease feel free to contact the
	Child's Name	Grade
my ch month	e check one box indicating the Program in which you all in the Before/After Care Program. The fee is to be a. The rates apply to all students. The Before and be Homework Center, Snack, and Scheduled Activities.	paid at the beginning of each After Care Program Fee will
000	Before Care, \$15.00 per week After Care, \$30.00 per week Before and After Care, \$45.00 per week I do not wish to purchase Before/After Care for my	y child.
	Parent's Signature	Date

I understand I must notify the school *one month in advance* for any changes in this enrollment. <u>No refunds.</u>