



www.madinaacademy.org

ENROLLMENT INSTRUCTIONS

The Madina Academy Board of Education requires each student be formally registered prior to admission. The following documents are required:

- Health Assessment Record/ Completed Physical Examination by Pediatrician
- Immunization Record
- Copy of child's birth certificate
- School Contract (Parent/Guardian signed statement)
- Transfer of Student Documents Release Form (from previous school, if applicable)

Prior to the first day of class, the following will also be required:

- I. Completed Emergency Contact Form
- II. Full payment for books and activities fee.

In order to best serve our students and their families, there will be a few other forms and surveys needed in the first few weeks of school. We would appreciate your cooperation in completing and submitting these forms as you receive them. Periodically, the School Administration and the Board of Education review policies and make changes as needed. Accordingly, parents will be notified.

<u>Physical Address</u> 519 Palisado Ave. Windsor, CT 06095	<u>Phone</u> 860-219-0569
<u>Mailing Address</u> 519 Palisado Avenue Windsor, CT 06095	<u>Email</u> aa@madinaacademy.org principal@madinaacademy.org

Madina Academy

We raise children. Higher.

Immunization and Physical Examination 2024/2025

All students enrolling in Madina Academy must have up-to-date immunization and physical records before they start school.

The influenza vaccine is mandatory for all students entering Madina Academy Preschool.

The Influenza vaccine needs to be administered to your child no later than December 1st, 2024.

*****There will not be any religious exemptions with regard to the Influenza vaccine for all preschool students*****

Parent's Signature:

Date:



519 Palisado Avenue, Windsor, CT 06095

ENROLLMENT APPLICATION FOR NEW STUDENTS

2024-2025

(Please print or type – One form per student)

STUDENT INFORMATION

Name:				Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age:		Date of Birth:		Race:		Place of Birth:
Address:				Phone:		
City:		State:		Zip:		

FAMILY INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian						
Name:			SS#:			
Address (if Different):				Phone:		
City:		State:		Zip:		
Religion:						
Occupation:						
Employer(s):			Business Phone:			
<input type="checkbox"/> Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Guardian						
Name:			SS#:			
Address (if Different):				Phone:		
City:		State:		Zip:		
Religion:						
Occupation(s):						
Employer(s):			Business Phone:			
Parent/ Guardian E Mail:						

Marital Status of Parents:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Whom does the child reside with?	<input type="text"/>	Number of children in family:	<input type="text"/>	
Languages spoken at home: <input type="text"/>				

Other Siblings:					
	Name	Gender M/F	Date of Birth	Grade	School
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION

School last attended:	<input type="text"/>	City/ State:	<input type="text"/>
Grade last completed:	<input type="text"/>	Grade to attend in the Fall:	<input type="text"/>
Has the child attended a full time Islamic school before? If so, when and where?			
<input type="text"/>			
Has your child ever had disciplinary problems, been suspended or expelled from previous school? If yes, please explain.			
<input type="text"/>			
Has your child ever repeated a grade or had serious academic problems in school? If yes please explain.			
<input type="text"/>			
What are your goals/reasons for enrolling your child at Madina Academy?			
<input type="text"/>			

MEDICAL						
Does your child have any medical problems?						
Epilepsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Allergies <input type="checkbox"/>	Asthma <input type="checkbox"/>	Hearing <input type="checkbox"/>	Speech <input type="checkbox"/>	Vision <input type="checkbox"/>
Heart Disease <input type="checkbox"/>	Other - Please specify: <input type="text"/>					

Has your child been identified as having any learning disability or special need? <input type="text"/>
Is your child on any kind of medication? <input type="text"/>
Does your child have any allergies to any medication? <input type="text"/>
If yes, please specify: <input type="text"/>
Please use the space below to provide any other information about the student that might be helpful. <input type="text"/>

I understand that the Admissions Committee will review this application before making a decision. I further understand that admission into Madina Academy is contingent upon the accuracy of this application, supporting records/transcripts, and no outstanding balance. I also realize that the Admissions Committee reserves the right to conduct admission tests before deciding on admission.

Furthermore, I agree to abide by all the policies established in the Madina Academy Handbook (available on www.madinaacademy.org) or which are otherwise established from time to time by the Madina Academy Board.

I affirm that all statements made herein are true and complete to the best of my knowledge.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's/Guardian's Name	Father's/Guardian's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's/Guardian's Name	Mother's/Guardian's Signature	Date

Madina Academy does not discriminate on the basis of race, color, national or ethnic origin, or sectarian affiliation in the administration of its educational policies, scholarship programs and other school administered programs.

For Office Use Only:

Date Application Rec'd: <input type="text"/>	Check Date: <input type="text"/>	Check #: <input type="text"/>	Total Amount: <input type="text"/>
Application Fee (non-refundable) <input type="text"/>			
Application Reviewed By: <input type="text"/>			
Remarks: <input type="text"/>			



TUITION CONTRACT 2024-2025

I (we) clearly understand and accept the Tuition Policy as outlined by the Board of Education (“Board”) of the Academy.

I (we) understand that there is a separate fee of \$150 per student for admission testing for new student, \$425 per student for books, \$150 activity fee per student, \$125 technology fee per student and \$56 smart tuition fee per family (only for families with payment plans).

Please select one of the following three payment options:

1- It is mutually agreed that the tuition for the student named will be paid in full at the beginning of the school year.

OR

2- I/ we cannot pay the tuition at the beginning of the year; it will be paid in 3 installments according to the following payment plan of three installments;

<u>Amount due by</u>	<u>1st Child</u>	<u>2nd Child</u>	<u>Additional Children (cost per child)</u>
<u>*August 1st 2024</u>	\$2,273.33	\$1,818.66	\$1,591.33
<u>*January 2nd 2025</u>	\$2,273.33	\$1,818.66	\$1,591.33
<u>*April 1st, 2025</u>	\$2,273.33	\$1,818.66	\$1,591.33
<u>Total:</u>	<u>\$6,820</u>	<u>\$5,456</u>	<u>\$4,774</u>

3- I/we request a special payment plan. We are able to pay the tuition in 10 installments, (August 1, 2024 – May 25, 2025.
(The 1st installment is due on August 1, 2024 and the last (10th) installment is due on May 25, 2025.

Furthermore, I (we) agree to abide by the tuition policies and deadlines as outlined above and take full responsibility for any delinquent amounts that may be owed by us. I (we) also understand and agree that in case of a delinquent account, my child (ren)’s records will not be released to any third party (including other educational institutions). I (we) have also read and understood the Student Withdrawal Policy stated in the Madina Academy Handbook. If I (we) withdraw our child(ren) from the Academy for any reason, we agree to pay the tuition in full per this agreement.

If it is necessary to employ a professional collection agency and/or attorney, to enforce or collect a judgment based on this agreement, I/we will be responsible for paying all expenses accrued, including, but not limited to, collection agency fees, court fees, and attorney fees.

Tuition Withdrawal Policy:

1. **Parents will be liable for 25% of annual tuition fees if student(s) withdraw by September 30, 2024.**
2. **Parents will be liable for 50% of annual tuition fees if student(s) withdraw by November 30, 2024.**
3. **Parents will be liable for 100% of annual tuition if student(s) withdraw after November 30, 2024.****

**Payment should be made via cash or money order only.

- **All other non-tuition related fees (admission fees, re-enrollment fees, book fees, activity fees, technology fees, Smart Tuition fees) will be non-refundable in any of the above cases.**

Father's (Guardian's) Name:

Mother's (Guardian's) Name:

Names of other children if attending Madina Academy:

Physical Mailing Address:

Telephone: Home / office/ mobile:

Father's (Guardian's) Signature

Date

Mother's (Guardian's) Signature

Date

Enroll.blackbaud.school

1 2 7 0 5 2 4 1 8 0 8

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER										LAST NAME OF PARENT/GUARDIAN/BILL PAYER										2024 - 2025			
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY										*LAST NAME OF ADDITIONAL AUTHORIZED PARTY													
STREET ADDRESS OR P.O. BOX															APT#								
CITY										STATE		ZIP CODE			COUNTRY								
HOME TELEPHONE NUMBER					MOBILE TELEPHONE NUMBER																		
EMAIL ADDRESS (for email reminders for upcoming payments)																							

SELECT A PAYMENT METHOD

<input type="checkbox"/> I agree to make payments by mail, web or telephone. I agree to the following due date:	<input type="text"/>	Your school allows the following due date(s): 1, 15, 25
<input type="checkbox"/> I authorize Blackbaud Tuition Management to automatically debit my payments from the below provided	<input type="text"/>	Your school allows the following due date(s): 1, 15, 25
PLEASE DEBIT MY: 9 DIGIT ROUTING NUMBER	<input type="checkbox"/> CHECKING (PLEASE ATTACH A VOIDED CHECK) OR	<input type="checkbox"/> SAVINGS
<input type="text"/>	BANK ACCOUNT NUMBER	Any Debit account linked to Blackbaud Tuition Management must be active and viable
PLEASE CHARGE MY: CREDIT CARD NUMBER	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
<input type="text"/>	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
	EXPIRATION DATE	A 3.12% usage fee applies to all credit/debit card payments.
	<input type="text"/>	

SELECT A PAYMENT PLAN

Plan A	Payment(s) 10	Aug - May	ENTER PLAN LETTER HERE <input type="text"/>
Plan B	Payment(s) 3	Aug, Jan, Apr	
Plan C	Payment(s) 1	Aug	

ENTER STUDENT INFORMATION

Choose from the following grades: PK, K, 1 - 12

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*OPTIONAL SCHOOL FAMILY ID: *OPTIONAL TYPE CODE:

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Blackbaud Tuition Management (BBTM) payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Blackbaud Tuition Management may contact me via email and text message and a follow up fee of \$40.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER _____ DATE ____/____/____

FOR SCHOOL OFFICE USE ONLY

- THIS FAMILY IS ENROLLING LATE:
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
 COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID	STUDENT TUITION 1	\$	<input type="text"/>
<input type="text"/>	STUDENT TUITION 2	\$	<input type="text"/>
<input type="text"/>	STUDENT TUITION 3	\$	<input type="text"/>
<input type="text"/>	STUDENT TUITION 4	\$	<input type="text"/>
FAMILY TUITION SUBTOTAL		\$	<input type="text"/>

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

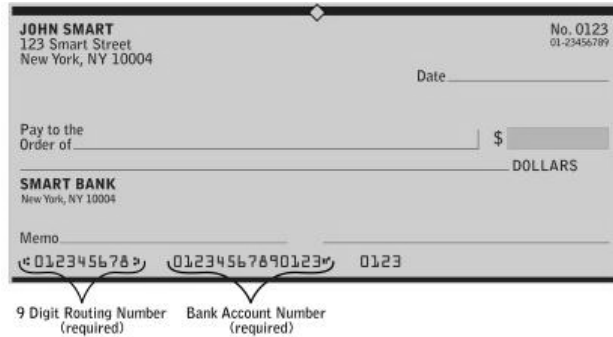
BBTM ADMINISTRATIVE FEE	+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ANNUAL TOTAL DUE	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. **ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. **SELECT A PAYMENT METHOD:** If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto - Debit, Blackbaud Tuition Management will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Blackbaud Tuition Management can not process automatic payments if the routing number is missing.



Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. **SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Blackbaud Tuition Management without school permission.

4. **ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.

5. **PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

parent.blackbaud.school

TERMS AND CONDITIONS

The policies below are Blackbaud Tuition Management general terms and conditions. Not all policies listed below may be applicable to your school but are representative of Blackbaud Tuition Management policies, in general. Terms and Conditions are subject to change.

Blackbaud Tuition Management receives, processes, and deposits your payments into your school's bank account. Our secure website and customer service center are available to assist in answering your questions about your tuition payment plan.

REFUNDS: Blackbaud Tuition Management does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

CREDIT CARD PAYMENTS: Payments made with your debit and/or credit card are subject to credit card convenience fees.

LATE FEES: A late fee may be assessed by your school if balances due are not paid and posted by your established due date.

FOLLOW-UP SERVICE: Any payment that is not received by Blackbaud Tuition Management by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Blackbaud Tuition Management may provide your school a follow-up service where Blackbaud Tuition Management may contact you via mail, telephone, or e-mail. Your account may be charged an additional fee as a result of this service. This fee is in addition to any late fees charged by your school.

FAILED PAYMENTS: A fee of \$30.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

AUTO-DEBIT TERMS (APPLIES TO AUTO-DEBIT ENROLLEES ONLY): By signing this enrollment form you agree to authorize Blackbaud Tuition Management to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Blackbaud Tuition Management shall have no liability for any fees charged to you by your financial institution. Blackbaud Tuition Management will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Blackbaud Tuition Management receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Blackbaud Tuition Management no later than 3 business days prior to the scheduled payment at (888) 868-8828.

PLEASE NOTE: Payments received in the mail take 1 business day to post. Blackbaud Tuition Management is not responsible for delivery delays when payments are sent via US mail. Please allow at least 5-7 business days for delivery.

TELEPHONE CONTACT: You consent to allow Blackbaud Tuition Management to call and/or text any telephone number: (i) you have provided to Blackbaud Tuition Management; (ii) that you have provided to the school relating to your Blackbaud Tuition Management account; (iii) from which you called us; or (iv) which we obtained and reasonably believe we can reach you. You agree that Blackbaud Tuition Management may call and/or text any of these telephone numbers with an automatic telephone dialing system, and calls may include an artificial/prerecorded voice message. By providing us with a telephone number, you represent that you are either the subscriber or regular user of the telephone number. You further agree to notify us immediately if any telephone number you provide to us is no longer used by you.

BLACKBAUD TUITION MANAGEMENT PRIVACY POLICY: We do not disclose any personal information about our families to anyone, except as permitted by law. Blackbaud Tuition Management has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industries Standard for storing family information.

BLACKBAUD TUITION MANAGEMENT SECURITY POLICY: Access to your personal and account information is restricted to those employees who need to know that information as part of their job, to service your account, or to provide products and services to you. We maintain physical, electronic, and procedural safeguards that are reasonably designed to guard your non-public personal information. We adhere to the Payment Card Industry Data Security Standard (PCI DSS). The Payment Card Industry Data Security Standard (PCI DSS) is a proprietary information security standard for organizations that handle branded credit cards from the major card schemes including Visa, MasterCard, American Express, and Discover.

Blackbaud Tuition Management & Your School Have Formed A Partnership



That Benefits Your School, Your Child, And You.

Please return completed form to your school immediately.

If you have any questions regarding this form, contact Blackbaud Tuition Management at:

1-888-868-8828

Photograph/Video Authorization 2024-2025

On occasions, the school faculty may take photographs and videos during field trips and school events. These photos and videos are used for classroom scrapbooks, the yearbook, promotional displays, local newspapers, social media posts (such as Facebook), the school website, and our school YouTube channel.

If you do not wish to have your child's photograph/video taken for the above purposes, please indicate that below. *If we do not receive this completed form, we will assume consent.*

Internet and Email Usage Authorization

Students from Pre-K will use electronic devices in classrooms to enhance their learning experiences. Students in grades 4 and up will be issued a school email account. This email will be used to communicate with teachers, collaborate with classmates on classwork and projects, and log in to educational websites. Students need to understand that access to the internet and email is a privilege, and with privilege comes responsibility. Therefore, students need to accept responsibility for their behavior. We would like to emphasize that:

- The students will be closely monitored by the teacher while using the internet.
- Only educational websites selected by the teacher will be allowed.
- Students are expected to work within the guidelines and expectation given to them by the teacher.
- Any student who violates any of the above policies will be denied access to the internet for two weeks following the incident and parents will be notified.
- Any Student who exchanges inappropriate websites that he/she may have access to outside the school will face a penalty that will range from after school detention to being suspended from school for a period that will be determined based on the severity of the violation.

We want to make sure that our students are computer literate. We will make sure that the internet gets used properly and no violations will be tolerated.

Do you permit your child: **to have his/her picture and video taken and used for educational and promotional purposes while at school?**

Yes

No

Do you give your child: **permission to have an email account and use the internet at school for educational purposes under the supervision of the teacher?**

Yes

No

Parent/ Guardian's Signature:

Date:



519 Palisado Avenue
Windsor, CT. 06095

Parent Consent for the Transfer of Student Records

I hereby give Madina Academy permission to obtain the following confidential information as indicated.

Student Name
Home Address
D.O.B

Documents to be released: **(All records are required)**

- Psychological Reports
- Medical Reports
- Psychiatric Evaluations
- Educational Evaluations
- Speech/Hearing/Language Evaluations
- Evaluations from Outside Agencies, Doctors, and Schools
- Individualized Education Programs
- Special Education Progress
- Home School Correspondences
- Other:

Reason for release:

Records are to be released to:

**Madina Academy
519 Palisado Avenue
Windsor, CT, 06095
Email: aa@madinaacademy.org**

Full name of the institution to release records:

Address:

Phone #: Fax#:

Email:

Parent/Guardian's Signature: Date:

Emergency Contact Form 2024-2025

STUDENT NAME:
Last First Middle

GRADE:

Email Address (Both Parents' Emails Must Be Provided):

Mother/Guardian Father/Guardian
Email: Email:

Home Address:

Home Tel:

Father's full name:

Father's place of employment:

Father's place of employment address:

Work Tel:

Cell #:

please check here if you like to receive text messages with school news, announcements and weather-related closures

Mother's full name:

Mother's place of employment:

Mother's place of employment address:

Work Tel:

Cell #:

please check here if you like to receive text messages with school news, announcements and weather-related closures

Family Physician Name and Tel:

Person to call in case of emergency besides parents:

No	NAME	TEL #	RELATIONSHIP
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any allergies or medical conditions we should know about:

*** IN CASE OF A REAL EMERGENCY 911 WILL BE CONTACTED FIRST THEN THE FAMILY MEMBERS WILL BE INFORMED IMMEDIATELY AFTERWARDS.**

I hereby permit the staff / Guardian / People list in the release form to provide simple first-aid treatment to my child, when necessary. In the event of a more serious illness or injury, I permit my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer medically necessary treatment. I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by childcare program personnel as soon as possible regarding any emergency involving my child.



Release Form – 2024-2025

For the security of all students at Madina Academy, we will be releasing them to authorized people only. Please list the names of people allowed to pick up your child(ren). Madina Academy will not be releasing your child to anyone not specified on the list. Please include the names of people who you think will be picking up your child from time to time and in emergencies.

Child's Name:

Grade:

No.	Name	Relationship	Phone #
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent's/Guardian's Name:

Signature:

Date:

Madina Academy

We raise children. Higher.

Welcome to our school!

We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

Student Information

Student first name:

Student last name:

Date of birth:

1) What is the primary language used in the home, regardless of the language spoken by the student?

2) What is the language most often spoken by the student?

3) What is the language the student first acquired?

Optional questions that can be included:

- 1) What language do you prefer for written communication from the school?
- 2) Will you acquire interpretation/ translation at parent-teacher meetings?