Enrollment Application 2024-2025



Immunization and Physical Examination 2024/2025

All students enrolling in Madina Academy must have an up-to-da	te
immunization and physical record before they can start school.	

The influenza vaccine is mandated for all students entering into 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:

Applicant Name First Last STUDENT INFORMATION Current Grade: Date: Last Name: First Name: Gender: ☐ Male ☐ Female Age: Date of Birth: Place of Birth: Street Address: City: State: Zip: Student Cell Phone: Home Phone: Student Email Address: SS#: [Mailing Address (if different from above): **FAMILY INFORMATION** □ Father □ Step-father □ Guardian Full Name: SS#: Address: (if Different): Phone: City: State: Zip: Languages Spoken: Occupation: Employer(s): Work Phone: Cell Phone: E Mail Address: ☐ Step-mother ■ Mother ☐ Guardian Full Name: SS#: Address (if Different): Phone: City: State: Zip:

Languages Spoken:					
Occupation(s):					
Employer(s):		Work Phone:			
		-			
E Mail Address:		Cell Phone:			
Marital Status of Parents:					
☐ Married ☐ Sepa	arated	☐ Divorced		☐ Widowe	d
With whom does child reside?			No. o	of children i	n family:
Language most often spoken at ho	me:				
Other Siblings: (please continue of	on back if re	equired)			
Name	Gender	DOB (mm/dd/	уууу)	Current	School
	M/F			Grade	
1.					
2.					
3.					
4.					
EDUCATION					
School last attended:			C	City/ State:	
Grade last completed:		G	rade A	pplying for:	
Has your child attended a full time	Islamic sch	ool before? If so	o, wher	and where	e?
Has your child ever had disciplinary	/ problems	, been suspende	d or ex	pelled from	previous school?
If yes, please explain.		•		•	
Has the child ever repeated a grade	e or had se	rious academic _l	problen	ns in schoo	l?
If yes please explain.					
What are your goals/reasons for er	rolling you	r child at Madina	Acade	my Upper	School?

Epilepsy	Diabetes	Allergies	Asthma	Hearing	Speech	Vision
Heart Dise	ease Other	· (Please spec	ify):	1	<u> </u>	
•	child been id commodation		ving any Learni	ng Disability o	r special educat	ional
	e the space	below to prov	ide any other in	formation abo	ut the student th	at might be
helpful.						
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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:	Check /	Check #:	Total Amount:
Application Fee			
(non-refundable)			
Application Reviewed By:			
Remarks:			

TUITION CONTRACT 2024-2025

I (we) have reviewed the attached Tuition Policy and have been allowed to seek an explanation for anything that needed to be clarified. I (we) clearly understand and accept the Tuition Policy as outlined by the Board of Education ("Board") of the Academy.

It is mutually agreed that I (we) will pay the annual tuition of \$8,162 *(\$3,710 for dual enrollment) * in accordance with the selected payment plan, admission fee of \$150 for new students, an annual book user fee of \$475 *(\$275 for dual enrollment) *, \$125 technology fee and \$56 Smart tuition fee for the 2024-2025 academic year for the named student.

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Indicate (✓) one option from the two presented below:
Option 1 It is mutually agreed that the balance will be paid in full at the beginning of the school year.
<u>OR</u>
Option 2 The balance is paid in accordance with a payment plan payable through Smart Tuition.
I/we understand that the tuition policy and contract for the Upper School differ from that of the Elementary/Middle school.
Furthermore, I (we) agree to abide by the tuition policies and deadlines as outlined above and take full responsibility for any delinquent account 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 by the school to any other third party (including any other educational institution). I (we) have also read and understand the Student Withdrawal Policy *** If I/(we) withdraw our child(ren) from the Academy for any reason, we agree to pay the tuition in full per this agreement.
* Delinquent Accounts: Three tuition reminders will be emailed to parents that have not paid their account according to the payment plan set up a the time of registration. In this case, students will not be allowed to attend classes until all overdue fees are paid in full. Also, students with delinquer accounts will not be eligible for readmission for the next academic year.
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 30th, 2024.

- 2. Parents will be liable for 50% of annual tuition fees if student(s) withdraw by November 30th, 2024.
- 3. Parents will be liable for 100% of annual tuition if student(s) withdraw after November 30th, 2024.**
 - **Payment should be made via cash or money order only.
- All other non-tuition related fees (admission fee, book fee, technology fee, Smart Tuition fee) will be nonrefundable in any of the above cases.

Father's (Gu	uardian's) Name:	
Mother's (Gu	uardian's) Name:	
Physical Ma	iling Address:	
Telephone:	Home:	
	Father's Work:	Mother's Work:
	Father's Cell:	Mother's Cell:
Father's (Gu	uardian's) Signature	Date
Mother's (G	uardian's) Signature	Date
	Office use only:	
	Date Rec'd:	Student Name:
	Received by:	Administrator's Signature:
	Comment:	

Blackbaud Tuition Management Enroll.blackbaud.school

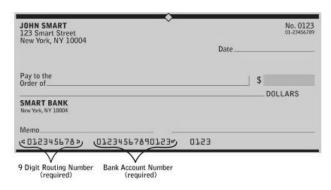
Madina Academy - 12705 519 Palisado Avenue Windsor, CT 06095

PLEASE ENTER FAMILY INFORMATION		1 2 7 0 5 2 4 1 8 0 8	
FIRST NAME OF PARENT/GUARDIAN/BILL PAYER	LAST NAME OF PARE	NT/GUARDIAN/BILL PAYER	_
		2024 - 2025	5
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY	*LAST NAME OF ADDI	TIONAL AUTHORIZED PARTY	
STREET ADDRESS OR P.O. BOX			
CITY	STAT	E ZIP CODE COUNTRY	
MODILE T	-: =5.10VIE VII IMBED		
HOME TELEPHONE NUMBER MOBILE TE	ELEPHONE NUMBER		
EMAIL ADDRESS (for email reminders for upcoming payment:	(8)	- 100 100 100 100 100 100 100 100 100 10	
SELECT A PAYMENT METHOD			
I agree to make payments by mail, web or telephone. I agree	ee to the following due	Your school allows the following due date(s): 1, 15, 25	
date:		[1, 10, 20]	<u> </u>
☐ I authorize Blackbaud Tuition Management to automatically from the below provided	debit my payments	Your school allows the following due date(s): 1, 15, 25	
	SE ATTACH A VOIDED CH	21 SS 20 SS 20	
9 DIGIT ROUTING NUMBER BANK ACCOUNT NUM		Any Debit account linked to Blackbaud Tuition	
		Management must be active and viable	
PLEASE CHARGE MY: AMEX		MASTERCARD VISA	
CREDIT CARD NUMBER	EXPIRATION DATE	A 3.12% usage fee applies to all credit/debit card payments.	
	<i> </i>	, , , , , , , , , , , , , , , , , , , ,	
Plan A Payment(s) 10 Aug - May Plan B Payment(s) 3 Aug, Jan, Apr Plan C Payment(s) 1 Aug		ENTER PLAN LETTER HERE	
Plan A Payment(s) 10 Aug - May Plan B Payment(s) 3 Aug, Jan, Apr		ENTER PLAN LETTER HERE	
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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.

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

519 Palisado Avenue Windsor, CT. 06095

Parent Consent for the Transfer of Student Records

I hereby give Madina Academy permission to obtain the following confid	lential information as ir	ndicated.
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		
Individualized Education ProgramsSpecial 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 re-	cords:	
Address:		
Phone #: Fax#:		
Email:		
Parent/Guardian's Signature:	Date:	
Aggredited by New England Aggregation of Caboola	nd Collogog (NEAS)	ני

Accredited by New England Association of Schools and Colleges (NEASC)

Madina Academy

Last updated March 2024

Emergency Contact Form 2024-2025



oday's Date:		
TUDENT NAME: Last	First	Middle
RADE:		
mail Addresses:		
other/Guardian nail:		
ther/Guardian nail:		
udent:		
treet Address:		
ome Tel:		
ther's full name:	Father's place of employment:	
ther's Work Tel:	Father's Cell Tel:	:
other's full name:	Mother's place of employment	:
other's Work Tel:	Mother's Cell Tel:	
mily Physician and Tel:		
Person to call in case of emergenc No. NAME	ry: TEL#	RELATIONSHIP
117 1112		T. T
1		I .
2		-

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

Madina Academy Upper School Release Form 2024-2025



For the security of all students at the Upper School, we will be releasing students to the 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.

Studen	t's Name:	Grade:	
No.	Name	Relationship	Phone #
1			
2			
3			
4			
5			
6			
Parent'	s/Guardian's Name:		
Signati	are:		
Date:			

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 in Upper School will use electronic devices in classrooms to enhance their learning experiences. Students will also be issued a school email account. This email will be used to communicate with teachers, collaborate with classmates on classwork and projects, and logging 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 polices 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 give permission for your child: used for educational and promotional p	to have his/her picture and video taken and ourposes while at school?
☐ Yes	\Box No
Do you give your child: at school for educational purposes unde	permission to have an email account and use the internet er the supervision of the teacher?
□ Yes	\square No
Parent/ Guardian's Signature:	Date:



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: Date of birth:	Student last name:
1) What is the primary langua	ge 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 s	ıdent 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?