



Re-Enrollment Form – 2025-2026 School Year

Assalam Aalikoum

Dear Parents,

Please take a moment to let us know your enrollment intention for the 2025-2026 academic year. We will provide you with all the necessary paperwork based on your response. Thank you!

Student Name:

- I wish to re-enroll my child in the preschool for 2025-2026.
 - Full-time (Mon to Fri)
 - Part-time (Tue, Wed, Thur)

- I wish to enroll my child in Madina Academy's Kindergarten.

- We will not be returning for the 2025-2026 school year.

2025-2026 Tuition Rates/ Payment Options

FEE	COST	Due Date
Activities and Curriculum Fee	<i>\$200/ Child</i>	Due by April 4, 2025
Smart Tuition	<i>\$56/ Family*</i>	Due by April 4, 2025
Building Fee	<i>\$295/ Child</i>	Due by April 4, 2025
Technology Fee	<i>\$125/child</i>	Due by April 4, 2025
Tuition full-time students	<i>\$ 7,480/per student</i>	Due in accordance to the selected payment plan
Tuition part-time students	<i>\$5,012/per student</i>	

Re-enrollment Fee is Non-refundable, cannot be paid in installments, and is payable to Smart Tuition. All fees must be Paid by April 4, 2025. A Late fee of \$100 will be charged if all fees are not paid by the above-mentioned date.

We also offer two payment plans

1-Three installments due at the beginning of August, January and April as follows:

Amount due by	Full-time	Part-time
<u>August 1st, 2025</u>	\$2,493.33	\$1,670.66
<u>January 2nd, 2026</u>	\$2,493.33	\$1,670.66
<u>April 1st, 2026</u>	\$2,493.33	\$1,670.66
Total	\$7,480	\$5,012

2- Ten (10) installments, first installment due on August 1st, 2025 and last installment is due on May 25th 2026.

All Payments must be made to Smart Tuition

TUITION CONTRACT 2025-2026

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 are separate fees; \$200 activity/curriculum fee per student, \$125 technology fee per child, \$295 building fee per student, and \$56 smart tuition fee per family (only for families with payment plans). The fees are Non-Refundable.

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>Full-time Preschool</u>		<u>Part-time Preschool</u>	
Monday-Friday (8AM-3:30PM)		Tuesday, Wednesday, Thursday (8AM-3:30 PM)	
Amount due by	Tuition Amount	Amount due by	Tuition Amount
August 1 st , 2025	\$2,493.33	August 1 st , 2025	\$1,670.66
January 2 nd , 2026	\$2,493.33	January 2 nd , 2026	\$1,670.66
April 1 st 2026	\$2,493.33	April 1 st , 2026	\$1,670.66
Total	\$7,480	Total	\$5,012

OR

3- I/ we request a special payment plan. We are able to pay the tuition in 10 monthly installments, (August 1st, 2025 – May 25th, 2026) * Delinquent Accounts: Three tuition reminders will be emailed to parents that have not paid their account according to the agreed upon payment plan at 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 delinquent accounts will not be eligible for readmission for the next academic year.

The 1st installment is due on August 1st 2025 and the last installment is due on May 25th, 2026.

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 understand the **Student Withdrawal Policy** stated in the Madina Academy Handbook.

*If I (we) withdraw our child(ren) from the Smart Bees Learning Center 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 30th 2025**
2. **Parents will be liable for 50% of annual tuition fees if student(s) withdraw by November 30th 2025**
3. **Parents will be liable for 100% of annual tuition if student(s) withdraw after November 30th 2025****

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

- **All other non-tuition related fees (admission fee, re-enrollment fee, activity fee, technology fee, Smart Tuition fee) 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:

Mailing Address:

Telephone: Cell & Office & Home:

Father's (Guardian's) Signature

Date

Mother's (Guardian's) Signature

Date

<u>Office use only</u> - Received by: <input type="text"/>	
Date Rec'd: <input type="text"/>	Student Name: <input type="text"/>

enroll.blackbaud.school

1 2 7 0 5 2 5 1 8 0 8

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER	LAST NAME OF PARENT/GUARDIAN/BILL PAYER	2025 - 2026
<input type="text"/>	<input type="text"/>	
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY	*LAST NAME OF ADDITIONAL AUTHORIZED PARTY	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS OR P.O. BOX		APT#
<input type="text"/>		<input type="text"/>
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS (for email reminders for upcoming payments)		
<input type="text"/>		

SELECT A PAYMENT METHOD

<input type="checkbox"/> I agree to make payments by mail, digitally 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 BANK ACCOUNT NUMBER	<input type="checkbox"/> SAVINGS
<input type="text"/>	<input type="text"/>	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="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
<input type="text"/>	EXPIRATION DATE	
<input type="text"/>	<input type="text"/>	A 3.12%% usage fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan A Payment(s) 10	Aug - May	ENTER PLAN LETTER HERE <input style="width: 20px; height: 20px;" 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"/>	<input type="text"/>
FAMILY TUITION SUBTOTAL	\$	<input type="text"/>	<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"/>
ANNUAL TOTAL DUE	\$	<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 cannot process automatic payments if the routing number is missing.

JOHN SMART
123 Smart Street
New York, NY 10004

No. 0123
01-23456789

Date _____

Pay to the Order of _____ \$ _____
DOLLARS

SMART BANK
New York, NY 10004

Memo _____

01234567890123 0123

9 Digit Routing Number (required) Bank Account Number (required)

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(s) and grade(s) of the child/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

By enrolling in Blackbaud Tuition Management, you are agreeing to our Terms and Conditions that can be found at the link below or by scanning the QR code.

[Blackbaud Terms and Conditions](#)



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

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 – 2025-2026

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:

Parent/Guardian Vehicle Information Form

Please fill in the information for all vehicles that will be entering the school campus.

Vehicle 1:

Vehicle Make:

Vehicle Model:

Vehicle Year:

Vehicle Color:

License Plate Number:

Vehicle 2:

Vehicle Make:

Vehicle Model:

Vehicle Year:

Vehicle Color:

License Plate Number:

Vehicle 3:

Vehicle Make:

Vehicle Model:

Vehicle Year:

Vehicle Color:

License Plate Number:

Vehicle 4:

Vehicle Make:

Vehicle Model:

Vehicle Year:

Vehicle Color:

License Plate Number:

Vehicle 5:

Vehicle Make:

Vehicle Model:

Vehicle Year:

Vehicle Color:

License Plate Number:

Photograph/Video Authorization 2025-2026

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:

Madina Academy

We raise children. Higher.

Immunization and Physical Examination 2025/2026

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, 2025.

*****There will not be any religious exemptions regarding the Influenza vaccine for all preschool students*****

Parent's Signature: -----

Date: -----



Student Name: _____ Grade: _____ Date of Birth: _____

I Do _____ or Do not _____ want my child to be administered OTC medications at school while nursing staff is available.

I have administered at least one dose of medication without adverse effects. I give permission for the exchange of information between the school nurse and the physician to ensure the safe administration of the medication. I understand that I must supply the school with the medication if it is taken more than on an occasional basis.

Parent Printed Name: _____

Signature: _____ Date: _____

Type of medication: Generic equivalents may be used.*	Symptoms for which it may be administered	Yes , this medication may be administered	No , this medication may not be administered
Tylenol (Acetaminophen)	Headache, muscle ache, pain, cramps, fever		
Motrin, Advil (Ibuprofen)	Headache, muscle ache, pain, cramps, fever		
Cough drops / sore throat (lozenges)	Cough, minor sore throat		
Calamine/ Benadryl lotion (Anti itch)	Minor skin irritation		
Antibiotic ointment	Cuts, scrape, abrasion		
Hydrocortisone cream	Rash, inflammation, insect bites		
Cough syrup	Minor cough with no other symptoms		
Tums (Antacid)	Upset stomach, heartburn		

Administration START date: _____ END date: _____
(end date must be no more than 1 year i.e; 8/25/25 - 8/24/26)

Physician Signature: _____ Date: _____

Physician Name : _____ Phone number: _____

Address: _____

**Madina Academy has a self carry policy for all students. If you wish for your child to carry and administer their own medications, please contact the school nurse for information.

Madina Academy

Chromebook Acceptable Use Policy

Dear Students and Parents/Guardians, Asalamo Alikom

The objective of the Chromebooks at Madina Academy is to enhance our students' educational experience and to support the learning outcomes. The Chromebooks should be used for educational purposes only. Using the Chromebook is a privilege that requires ethical and appropriate use of technology as a digital citizen.

Assigned Chromebooks

Prior to being assigned a Chromebook, both the student and the student's parent/guardian must sign this Chromebook Use Policy Agreement and return it to school.

Using Chromebooks in Class

Please follow the instructions below:

- Chromebooks **cannot** be used without teacher permission and supervision. If a teacher is not in the room for some reason, Chromebooks **cannot** be used.
- The Chromebook is an academic tool. It is **NOT** to be used for activities that are outside of academic requirements, such as playing un-educational games, watching videos, shopping, chatting, etc.
- All Chromebooks and chargers are labeled for identification. Tampering with the labels is prohibited. If your label starts to fall off please notify your teacher and they will notify the IT Coordinator to affix a new label.
- You must log into the Chromebook using your assigned school email account.
- Make sure your Chromebook is placed back in its charging station at the end of the day. It is your responsibility to make sure your Chromebook is fully charged every morning. You must use your assigned charger.
- Sound must be muted at all times unless permission is obtained from a teacher. Use earbuds or headphones when appropriate. You will be provided with earbuds at the beginning of the school year. It is your responsibility to replace them if they get lost or broken. Wireless earbuds are **NOT** allowed.
- Students may not use their Chromebook to take pictures or record their classmates.

Any Chromebook misuse will result in disciplinary actions including, but not limited to, lunch detentions and Chromebook privilege limited or revoked.

Security

- Do not stay logged in while leaving the Chromebook unattended.
- Never share your password with anyone.
- Shutdown the Chromebook at the end of each day.

Taking Care of the School Chromebook

Students are responsible for the care of their assigned Chromebook. If your Chromebook is not working, please report it to your teacher. You should never attempt fixing the Chromebook yourself.

Please follow the instructions below:

- The Chromebook should never be taken outside of class. They should remain on your desk or in their charging station. They should never be found on the floor.
- Do not place food or drink next to or on top of the Chromebook. You should not be eating or drinking while using the Chromebook.
- The Chromebook screen can be damaged if subject to heavy objects or rough treatment. Do not place heavy objects next to or on top of the Chromebook. The screens are particularly sensitive to damage from excessive pressure.
- Do not use the Chromebook with the power cord plugged in. This creates a tripping hazard.
- Always transport the Chromebook with care. **Never** carry the Chromebook with the screen open.
- Only clean the screen with a soft, dry microfiber cloth or anti-static cloth.
- **Nothing** should be left on the keyboard before the lid is closed, e.g. pens, pencils, or other objects.
- The Chromebook must remain free of any writing, drawings, or stickers.

Any repair costs due to Chromebook misuse will be the responsibility of the parent/guardian.

Student

I, _____, have read the following Chromebook Use Policy and agree to abide by all the policies in it.

Student Signature: _____ Grade: _____ Date: _____

Parent/Guardian

I, _____, have read the following Chromebook Use Policy and discussed it with my child mentioned above.

Parent/Guardian Signature: _____ Date: _____