"A foundation for academic excellence!"

Admissions Application

Reverend Jamison Hunter, Senior Pastor
Reverend Eldridge Spearman, Pastor Emeritus

For additional information, please contact: Mrs. 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: mountjezreelchrist@gmail.com Website: www.mjbccs.org

(Please type or print.)

Updated 08/2025

Check grade applying for: ❒ Pre-School 2's & 3's ❒ Pre-Kindergarten ❒ Kindergarten
❒ First Grade ❒ Second Grade❒ Third Grade ❒ Fourth Grade ❒ Fifth Grade

STUDENT INFORMATION

Present Height:_____ **Present Weight:**_____

(ATTACH PHOTO)

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 include area code)*	**Grade**

Student lives with (check any that apply)

❒ Father
❒ Stepfather
❒ Mother
❒ Stepmother
❒ Sibling (s)

How many_____What ages_____

❒Other_____

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**

***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 on the Mount Jezreel Christian School internet web site. By granting this permission I expect only the image of my child to be utilized. Further, it is my understanding that at no time MJCS will publish any name, student's phone number, street, mailing address, or e-mail 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: mountjezreelchrist@gmail.com

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.
$ 315.00 – 1st and 15th of each month

Tuition payments can be made at our website www.mjbccs.org by using Online Giving to set up a new account, Givelify App, and cash, check or money orders can be taken to the school office.

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 1and 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 applicant:_____

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 current school year. 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.
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 fully understand this commitment that I have agreed to with Mount Jezreel Christian School. It is my intent to comply with the objectives and principles of Mount Jezreel Christian School. Only <u>the person responsible for and making payments</u> of students' tuition <u>must</u> sign this form.

_____ _____

Mother or Guardian's Signature Date

_____ _____

Father or Guardian's Signature Date

PARENTS' TUITION CONTRACT

Please list the full name of each enrolled student in this family unit.

_____

_____

_____

Only <u>the person responsible for and making payments</u> of students' tuition <u>must</u> sign this form.

In completing Application for Admission of my child(ren) to the Mount Jezreel Christian School, I make the following financial commitment. I will pay my child(s) tuition:

$ _____ Annually ($6300.00 due September 1)

$ _____ Semi-Annually (Two payments, $3150.00 due September 1 and January 15)

$ _____ Per month, ($630.00 due September 1 through June 1, unless accelerated payments are made.
(Refer to Monthly Payment Schedule)

$ _____

Twice a month ($315.00 1st and 15th of each month)

$

I understand that this agreement is binding between Mount Jezreel Christian School and me.

It is my understanding that the policy of the school is to make <u>no refunds on registration fees.</u> Annual Payment is due by September 1. Semi-Annual payments are due by the September 1 and January 15. Monthly payments are due starting September 1 and the first day of each month thereafter, not later than the 15th of each month. Monthly payments are prorated over 10 months (last payment due June 1).

Early withdrawals are subject to a penalty of one additional monthly payment (i.e., if a child withdraws November 10, he forfeits the remainder of the November payment and must also make the full December payment). Yearly fee refunds will be prorated on the same basis.

I also acknowledge that tuition payments will not be refunded in the event my child is withdrawn from school voluntary or involuntary. Further, I acknowledge that the Business Office reserves the right to advise the Administration when an account becomes one (1) month in arrears, which can result in a request for the withdrawal of my child(ren).

_____ _____

Name of Parents Signature Date:

_____

Social Security Number:

_____

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 7:30 a.m. to 8:30 a.m. and After Care hours are from 3:15 p.m. to 5:30 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 childcare 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.**

If you have any questions or need additional information, please feel free to contact the Christian School Office at (301) 431-1985.

Child's Name _____ Grade _____

Please check one box indicating the Program in which you are applying. I wish to enroll my child in the Before/After Care Program. The fee is to be paid at the beginning of each month. The rates apply to all students. The Before and After Care Program Fee will include Homework Center, Snack, and Scheduled Activities.

- ☐ **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 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>