2020-2021 Admissions Packet
PreK – 1st grade

12637A Ocean Gateway
Ocean City, MD 21842
Phone (410) 213-7595
Fax (410) 213-8001

www.seasidechristianacademy.com

Seaside Christian Academy
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Julie DuChene, Principal

Member ACSI

Church, Home, and School Working Together

Dear Parents,

Thank you for your interest in Seaside Christian Academy. We have been providing a quality, affordable, Christ-centered education to the families of the Eastern Shore since 1999. We are excited for our future as we grow and develop our academic programs to continue our tradition of excellence.

Our mission is to educate children spiritually, academically, socially and physically, equipping them for every good work in Christ Jesus (Luke 2:52). The exceptional education your child will receive is provided by our devoted staff of highly qualified, faithful, Christian educators. Our classrooms are loving, disciplined and challenging environments where students thrive. As we fulfill our mission, we equip children with a biblical and intellectual foundation by examining all subject areas and life issues from a biblical worldview.

It is our school's belief that the church, home, and the school, working together, are the best means for training up a child (Proverbs 6:23). Accordingly, Seaside Christian Academy (SCA) emphasizes the importance of the following for those interested in pursuing admission:

- Having a parent/guardian who understands and agrees to give SCA permission to teach your child the principles according to the school's Statement of Faith;
- Having a parent/guardian that is supportive of the educational process of the school;
- Having a parent/guardian who will take seriously the biblical mandate of parental involvement.

Please carefully review the materials in this admissions packet. On the following page, you will find a checklist to assist you in gathering all the required documents to be submitted with the completed packet. If you have any questions about Seaside or our admissions process, please do not hesitate to contact me.

May God bless and guide you as you consider this decision for your family.

In His Service,

Julie DuChene
Principal

Admission Policies

Applications for admission of new students will be received at any time during the year. The application fee must be included with the admissions packet, along with the documents listed below. Acceptance is based on the following: space availability, academic and social readiness, and siblings currently enrolled in SCA. *Seaside Christian Academy admits students of any race, color, gender and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.*

Age of Eligibility

Please refer to the chart for the appropriate birth date deadline for your child. These dates are the guidelines established by the state of Maryland. Our experience has shown that children in these age groups are generally more successful academically and socially when these guidelines are followed.

Grade/Date of Eligibility
PreK 3……..3 by 9/1/20
K4……4 by 9/1/20
Kindergarten…..5 by 9/1/20
First Grade……6 by 9/1/20

Admissions Procedures

Step One – Apply for Admission

Please include the following with your completed admissions packet:

- ✓ Completed Health Inventory
- ✓ Copy of your child's birth certificate
- ✓ Copy of your child's most recent report card (only if student is currently in 1st grade at another school)
- ✓ Application Fee – Please include your non-refundable application fee: $150 for the first child, $50 for siblings. Checks may be made payable to Seaside Christian Academy.

Step Two - Records Review, Testing & Interview

The Administration will review your application and additional documents from the previous school, if applicable. Incoming students will be asked to take a math, reading and a writing test if in first grade and above. Families of students applying for first grade and above may be scheduled for an interview with the administration. Interviews will be scheduled after your admissions packet, documents and fees have been received.

Step Three – Acceptance & Enrollment

You will receive notification of the acceptance of your child to Seaside Christian Academy in writing. The time from submitting admissions paperwork to acceptance can vary but will generally take 7-10 days. The Tuition Contract and link for creating a FACTS account and tuition payment plan will accompany the acceptance letter. **If you are enrolling a student during the school year, your student's start date will be scheduled after the registrar has ordered books, the signed Tuition Contract has been returned to school and parents have created a FACTS account and tuition payment plan.** There is a 90-day probation period for all new students.

2020 – 2021 Tuition and Fees

Application Fee
$150.00 (This fee is nonrefundable.)
Application fee must be submitted with Admissions Packet. Checks may be made payable to Seaside Christian Academy.

Tuition
PreK3—5th Grade:…..$4,795.00
6th—8th Grade:…….$5,205.00
High School:……..$5,615.00

NOTE: Fees are necessary (maintenance and cleaning fee, curriculum fee) but do not have to be up front obstacles. Therefore, SCA rolls the fees in with the tuition to be paid over time.

Tuition Payments: Seaside partners with FACTS, an online tuition payment processing firm. FACTS gives our families the convenience of online payments and the flexibility to choose a payment plan that works best for them. Families may choose from monthly, quarterly, semi-annual or annual payments. Annual payments are given a 5% discount. Payment plans begin in August.

Financial Aid Available: It is the desire of Seaside Christian Academy to make tuition as affordable as possible. Through generous scholarship donations, we provide financial assistance. Please inquire for more information about our application process.

By signing this Statement of Faith, you acknowledge and accept that your child will be taught these principles.

Statement of Faith

We Believe:

1. In one God, the creator and sustainer of the universe, eternally existent in three persons: Father, Son and Holy Spirit.

2. God has authored, preserved, and protected the Bible, as His word and our authority in all that we do.

3. That God has created us in His image and has given us the responsibility over creation for His glory.

4. In the unique deity of the Lord Jesus Christ, who became human as the virgin-born Son of the living God.

5. That the Lord Jesus Christ died to pay for our sins and give those who believe, eternal life with Him in heaven.

6. In the power of the Holy Spirit to restore us and guide us in our relationship with God.

7. In the resurrection of our Lord Jesus from the dead and the promise of His return.

8. In the bodily resurrection and eternal reward of the saved, and the everlasting punishment of the lost.

9. In the spiritual unity of ALL believers in our Lord Jesus Christ.

10. That marriage of one man and one woman is ordained by God.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Seaside Christian Academy
STUDENT APPLICATION

Applying for the 20___ to 20___ school year Applying for Grade_____ Enroll Date_____

Date student will first attend classes_____

Student's Name_____Goes By_____
First M.I. Last

Student's Address_____ Home Phone_____

_____

Soc. Sec.#_____/_____/_____Birth date:_____ Gender:_____ Race:_____

Last School Attended:_____

Reason for Leaving:_____

Has your child repeated a grade? If yes, which grade and why?_____

_____

Special interests or abilities:_____

_____

Has the student ever had any serious discipline problems, been suspended or expelled from school?_____

If yes, please explain:_____

_____

Has the student ever been given a psychological or learning disabilities test?_____If yes, please explain (include copy of report if available:

_____

Does your child have any allergies? Foods_____Medications_____Insect stings_____

Other_____(If your child has a serious allergy please inform the teacher and the office)

DISCLAIMERS:

Seaside Christian Academy would like to use photographs of your children in newspaper articles or advertisements if the opportunity arises. Will you give us your permission to do so?

Will you give us your permission to share personal medical information with Teachers or Staff who have direct contact with your child? All information will remain confidential.

I do/do not give permission for my children's photograph to be used in print advertisements or newspaper articles.

Signature of Parent or Guardian:_____

I do/do not give permission for medical information to be shared with appropriate personnel.
Signature of Parent or Guardian:_____

PLEASE PRINT

FAMILY INFORMATION
(Confidential)

Seaside Christian Academy

12637A Ocean Gateway, Ocean City, MD 21842

(410) 213-7595

FAMILY APPLICATION

Father's Name:_____ Mother's Name:_____

Student is living with: _____**Both Parents** _____**Father** _____**Mother**

_____**Step-Father** _____**Step-Mother** _____**Other (please specify)**

If you have checked step-parent or other, please fill out the information below:

Name_____Relationship to Student_____

Are there any special circumstances that the school should be made aware of?_____

_____

Father's Employer:_____ **Father's** Occupation:_____

Work Phone :_____ Cell Phone:_____

Father's E-mail Address: _____

Mother's Employer:_____ **Mother's** Occupation:_____

Work Phone :_____ Cell Phone:_____

Mother's E-mail Address: _____

(Having at least one e-mail address on file is necessary for FACTS SIS – our student management system)

Please list the name, date of birth and school of all your children:

Name	Date of Birth	School Currently Attending

Are you applying for the admission of all children of school age?_____ If not, briefly explain why_____

_____

_____

In a brief paragraph please explain why you desire enrollment in SCA:_____

_____

_____

_____

_____

How did you hear about SCA?_____

Does your family attend a local church? _____ If yes, name of church _____

If you do not have a home church are you interested in finding one? _____

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Julie DuChene, Principal

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PERMISSION FOR RELEASE OF SCHOOL RECORDS

To: School:_____

Street Address:_____

City/State:_____ Zip:_____

Phone:_____ Fax:_____

*Student's Name (please print):*_____

*Current Grade:*_____ *Date of Birth:*_____

I hereby authorize you to release the school records listed below for my child:

1. **Cumulative Records**
2. **Health Records**
3. **Psychological records on file**
4. **Achievement Test Scores**
5. **Any other information which might aid the student in making a satisfactory school adjustment**
6. **High school transcript if applicable**

PLEASE SEND RECORDS TO:

Seaside Christian Academy
Admissions Office
12637A Ocean Gateway
Ocean City, MD 21842

Signed:_____ Date:_____
(Signature of parent or guardian)

Print Name:_____

Present Address:_____

_____Zip_____

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- ***A physical examination*** *by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).*
- ***Evidence of immunizations.*** *A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at:* http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms.html *Select DHMH 896.*
- ***Evidence of Blood-Lead Testing for children living in designated at risk areas.*** *The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:* *http://apps.fcps.org/dept/health/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf*

EXEMPTIONS

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at

http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms.html Select OCC 1216.

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____ Birth date: _____ Sex

Last First Middle Mo / Day / Yr M☐F☐

Address: _____

Number Street Apt# City State Zip

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		W:	C:	H:
		W:	C:	H:

Your Child's Routine Medical Care Provider	Your Child's Routine Dental Care Provider	Last Time Child Seen for
Name:	Name:	Physical Exam:
Address:	Address:	Dental Care:
Phone #	Phone	Any Specialist :

ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.

	Yes	No	Comments (required for any Yes answer)
Allergies (Food, Insects, Drugs, Latex, etc.)	☐	☐	
Allergies (Seasonal)	☐	☐	
Asthma or Breathing	☐	☐	
Behavioral or Emotional	☐	☐	
Birth Defect(s)	☐	☐	
Bladder	☐	☐	
Bleeding	☐	☐	
Bowels	☐	☐	
Cerebral Palsy	☐	☐	
Coughing	☐	☐	
Communication	☐	☐	
Developmental Delay	☐	☐	
Diabetes	☐	☐	
Ears or Deafness	☐	☐	
Eyes or Vision	☐	☐	
Feeding	☐	☐	
Head Injury	☐	☐	
Heart	☐	☐	
Hospitalization (When, Where)	☐	☐	
Lead Poison/Exposure complete DHMH4620	☐	☐	
Life Threatening Allergic Reactions	☐	☐	
Limits on Physical Activity	☐	☐	
Meningitis	☐	☐	
Mobility-Assistive Devices if any	☐	☐	
Prematurity	☐	☐	
Seizures	☐	☐	
Sickle Cell Disease	☐	☐	
Speech/Language	☐	☐	
Surgery	☐	☐	
Other	☐	☐	

Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?

☐ No ☐ Yes, name(s) of medication(s):

Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Counseling etc.)

☐ No ☐ Yes, type of treatment:

Does your child require any special procedures? (Urinary Catheterization, G-Tube feeding, Transfer, etc.)

☐ No ☐ Yes, what procedure(s):

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.

I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ _____

Signature of Parent/Guardian Date

PART II - CHILD HEALTH ASSESSMENT

To be completed *ONLY* by Physician/Nurse Practitioner

Child's Name: Last	First	Middle	Birth Date: Month / Day / Year	Sex M ☐ F ☐

1. Does the child named above have a diagnosed medical condition?

☐ No ☐ Yes, describe:

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.

☐ No ☐ Yes, describe:

3. PE Findings

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	☐	☐	☐	Lead Exposure/Elevated Lead	☐	☐	☐
Behavior/Adjustment	☐	☐	☐	Mobility	☐	☐	☐
Bowel/Bladder	☐	☐	☐	Musculoskeletal/orthopedic	☐	☐	☐
Cardiac/murmur	☐	☐	☐	Neurological	☐	☐	☐
Dental	☐	☐	☐	Nutrition	☐	☐	☐
Development	☐	☐	☐	Physical Illness/Impairment	☐	☐	☐
Endocrine	☐	☐	☐	Psychosocial	☐	☐	☐
ENT	☐	☐	☐	Respiratory	☐	☐	☐
GI	☐	☐	☐	Skin	☐	☐	☐
GU	☐	☐	☐	Speech/Language	☐	☐	☐
Hearing	☐	☐	☐	Vision	☐	☐	☐
Immunodeficiency	☐	☐	☐	Other:	☐	☐	

REMARKS: (Please explain any abnormal findings.)

4. RECORD OF IMMUNIZATIONS – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider or a computer generated immunization record must be provided. (This form may be obtained from: http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms.html Select DHMH 896.

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Parent/Guardian Signature: _____ Date: _____

5. Is the child on medication?

☐ No ☐ Yes, indicate medication and diagnosis:
(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).

6. Should there be any restriction of physical activity in child care?

☐ No ☐ Yes, specify nature and duration of restriction:

7. Test/Measurement	Results		Date Taken	
Tuberculin Test				
Blood Pressure				
Height				
Weight				
BMI %tile				
LeadTest Indicated:DHMH 4620 ☐ Yes ☐ No	Test #1	Test#2	Test # 1	Test #2

_____ has had a complete physical examination and any concerns have been noted above.
(Child's Name)

Additional Comments: _____

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME _____ / _____ / _____
LAST FIRST MIDDLE

CHILD'S ADDRESS _____ / _____ / _____ / _____
STREET ADDRESS (with Apartment Number) CITY STATE ZIP

SEX: ☐Male ☐Female BIRTHDATE ____/____/____ PHONE _____

PARENT OR GUARDIAN _____ / _____ / _____
LAST FIRST MIDDLE

BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015? ☐ YES ☐ NO
Has this child ever lived in one of the areas listed on the back of this form? ☐ YES ☐ NO
Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? ☐ YES ☐ NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print): _____ **Signature:** _____ **Date:** _____

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C – Documentation and Certification of Lead Test Results by Health Care Provider

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments

Comments:

Person completing form: ☐Health Care Provider/Designee OR ☐School Health Professional/Designee

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

BOX D – Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

****

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: ☐ YES ☐ NO

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____