

Celebrating over 36 years of Academic and Spiritual Excellence!

Ebenezer Missionary Chapel, Inc.

Ebenezer Preparatory School

5464 Kings Highway* Brooklyn, New York 11203

(718) 629-4231 Fax: (718) 629-4238

Pastor Gerson C. Marshall
Founder

Mrs. Joy K. Jones
Administrator

APPLICATION FOR ADMISSION TO GRADE 1 – GRADE 8

Date of Application _____ School Term _____ Readmit ___ New

APPLICANT'S INFORMATION: (Please print clearly in blue or black ink.)

Child's Full Name _____

Boy ___ Girl ___ Age _____ Date of Birth _____ SS # _____

Country of Birth _____ Religion _____

Home Address _____ Apt.# _____

City: _____ State _____ Zip Code _____

Telephone #: _____ Current Grade _____ Entering Grade _____

PARENTAL INFORMATION:

Email Address:

Mother's Name _____ Father's Name _____

Occupation/Title _____ Occupation/Title _____

Business Address _____ Business Address _____

Business Telephone _____ Business Telephone _____

Work Hours _____ Work Hours _____

Please circle marital status: Married/ Separated/ Divorced/ Single

Please check if: ___ Mother is Deceased ___ Father is Deceased ___ Child is Adopted

Please state the name of the child's legal guardian. _____

Please list the names of those persons allowed to pick up your child.

EMERGENCY CONTACT PERSON(S):

Name _____ Name _____

Relationship _____ Relationship _____

TELE/CELL# _____ TELE/CELL# _____

Please list the names and ages of persons in the household. _____

Are any siblings also applying? ___ Yes ___ No If yes, please state their name(s) and grade(s).

Please list the names of those persons allowed to pick up your child.

PREVIOUS SCHOOL OR LEARNING CENTER:

Please list the name(s) and addresses of your child's previous school(s), dates of attendance, and reasons for leaving: (Please include zip codes)

Name of school _____ Name of school _____

Address _____ Address _____

Dates of attendance _____ Dates of Attendance _____

Reason for leaving _____ Reason for leaving _____

Has your child ever repeated a grade? _____ Yes _____ No Which grade(s)? _____

Has your child ever skipped a grade? _____ Yes _____ No Which grade(s)? _____

If yes to either, please explain. _____

Has your child experienced any difficulty with school or teachers in the past? ___ Yes ___ No

If yes, please explain. _____

What are your child's strengths and interests, academic and otherwise?

Who recommended Ebenezer? _____

Why do you desire to have your child enrolled at Ebenezer?

MEDICAL INFORMATION

Pediatrician's Name _____ Address _____

Telephone # _____ Office Hours _____

Does your child have any allergies? ___ Yes ___ No If yes, please list and explain.

Does your child have any speech, hearing, sight or any other difficulties? ___ Yes ___ No

If yes, please explain. _____

Has your child been tested professionally? ___ Yes ___ No If yes, what type of testing?

Does your child have any mental, emotional or physical disabilities? (I.e. Attention Deficit Disorder, Hyperactivity, etc.) ___ Yes ___ No If yes, please explain.

Please list the name(s) of any medication(s) that your child is taking/ has taken, the dosage, and the illness for which the medication was prescribed. (I.e. Insulin, Steroids, Ritalin)

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Comments _____

Date of child's last physical examination. _____

Is child's immunization record up to date? ___ Yes ___ No If no, please explain.

Is child's general health good? ___ Yes ___ No If not, please explain.

FOR OFFICE USE ONLY: TEST RESULTS: _____

Recommended Class: _____ Plan: _____

Name: _____ Authorized Signature: _____

Date Accepted _____ Date Rejected _____ Comments: _____

TUITION CONTRACT FOR GRADES 1-8

I, _____, hereby agree to accept the terms stated below,
Name of Parent/Guardian/Financially Responsible Person
and choose the following tuition payment plan for my child/children:

_____ grade _____ ;
_____ grade _____ ;
_____ grade _____ .

() 1 Payment () 2 Payments () 12 Payments

Parents, guardians and financially responsible signers are obligated to pay all fees and costs incurred in collecting this debt. The laws of the State of New York shall govern this agreement. This agreement may not be changed, amended or modified except in a written agreement signed by both parties. My signature below also acknowledges my request for the loan of all instructional materials that Ebenezer Prep School uses from the Board of Education.

_____ **Print Name of Parent/Guardian** _____ **Signature of Parent/Guardian**

_____ **Social Security Number** _____ **Date**

_____ **Print Name of Financially Responsible Person** _____ **Signature of Financially Responsible Person**

_____ **Social Security Number** _____ **Date**

_____ **Home Address - (Financially Responsible)** _____ **Apt. No. City/ State/ Zip**

_____ **Home Phone Number** _____ **Business Phone Number**

Registration fee of \$200 per child and PTA fee of \$50 per family is payable to Ebenezer Prep School upon submission of the application and related forms. Please note that the registration, testing and PTA fees are NON-REFUNDABLE.