

**In The Name of Allah, the Most Merciful the Most Compassionate**



# **Guide Academy, CT**

**(Connecticut Branch)**

**Student Forms**

49 Katrina Cir  
Bethel, CT 06801

GuideAcademy.org  
Info.ct@guideacademy.org



## Guide Academy, CT

49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: [info.ct@guideacademy.org](mailto:info.ct@guideacademy.org)

### Letter from the Board of Guide Academy

Dear Parents,

We pray this letter finds you and your loved ones in the best of health. We would like to thank you for entrusting us with your most valuable treasures (children) and look forward to a year filled with growth, success and hard work, Inshallah. As you are aware, we are working towards our licensing for the second branch of Guide Academy located in Connecticut. We have submitted required documents and hoping the inspection will be done to begin our first day of instruction on September 5<sup>th</sup>, inshallah.

Guide Academy, CT is the Connecticut Branch of Guide Academy based in California. We are a **community centric** school that operates as a community (a group of people who work together with common goals). It is immensely important for you to be involved in your child's school as research has shown that students whose parents stay involved in school have better attendance, behavior, development, social skills and adapt better in school. It also sets children to develop life-long love of learning which is key to have long-term success.

For this, we ask parents to volunteer throughout the year, in various areas that you think you can support the school. These activities vary from supporting teachers, to coordinating for events/field trips, or most importantly advocating for the school and advertising to gain support from the community.

We are excited to start our first year in Connecticut, and with the help of Allah SWT and Imam Mahdi (aj), we hope to have a successful year ahead.

If you have any questions, please feel free to contact us.

Thank you,

Board Members of Guide Academy



## **Guide Academy, CT**

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Guide Academy admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Dear Parents of \_\_\_\_\_,

Below is a list of items that are included in this registration packet that needs to be completed and reviewed. The most important is the Health Assessment form that is filled out by their pediatrician.

### **Enclosed Forms:**

- Admission Agreement
- School Registration Form 2024-25
- Enrollment Form
- Emergency Card
- Pick-up Authorization
- Permission for Pictures
- Waiver of Liability Contract
- Child Enrollment & Emergency Medical Care form
- Authorization for the Administration of Medication
- Field Trip Permission Slip
- Student Supplies List
- Snack/Item Menu to be provided by parents based on their week
- School Uniform
- Birthday Policy
- School Year Calendar
- Student-Parent Handbook



## Admissions Agreement

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Dear Parents,

To ensure you and your child have a pleasant experience at Guide Academy and to enable us to plan effectively, please return this admission agreement by September 1, 2024.

Guide Academy does not discriminate against any individuals based on race, religion, ethnicity, or cultural background but is determined to keep a rigorous academics and ethical environment for the school. Therefore, the following admission process is in place:

- a. Interview with the parents to explain the program and determine the need of the child
- b. Student testing and/or interviews
- c. Home visits by the teachers

For the children's house program (Primary classroom) children joining are expected to eat, toilet, and care for themselves (clothing, shoes). Please note that if your child can not do any of the following, they may not be ready for the children's house.

### Discipline Policy

Guide Academy is committed to providing children a safe, nurturing, and loving environment. The goal of discipline is "helping the child gain self-control through learning appropriate behavior". Please refer to Student- Parent Handbook for further details.

### Grounds for Termination:

Guide Academy strives to train outstanding professionals with excellent values. The teachers/staff and administration will be trying their best to help the children achieve their fullest potential. Once the discipline policy (refer to parent-student handbook) does not work for a student and the student does not follow the school/classroom rules, the teacher/staff will provide verbal warnings followed by a written notice. 2 written notices will result in a suspension and the 3<sup>rd</sup> suspension is grounds for dismissal. Physical and/or mental abuse is NOT tolerated and will result in more warnings based on the teacher's discrimination.

In case parents are not happy with the performances of a teacher/staff or administration of the school, the Licensing Agency's authority can be notified to inspect the facility and interview the children in care.

The school administration and teacher/staff will try their best to help the students by having multiple meetings with the parents and designing procedures to meet his/her needs. If these procedures don't work, school staff/faculty will meet and in case it is determined that the school does not have the resources to accommodate the student, parents/authorized guardian will be given a 30-day notice of termination of agreement.

Guide Academy will be routinely in contact with a qualified psychologist in regards to the emotional well-being of the students. The parents are required to trust the faculty and administrators of Guide Academy, and to discuss any concerns they might have with the administration.

We are looking forward to a successful new year and truly appreciate you entrusting your children with us.

Yours sincerely,  
Guide Academy, CT

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I understand the admission agreement for my child, \_\_\_\_\_, for the 2024-2025 school year. I further understand that if the school representatives determine that the school does not have the resources to help my child, I will be provided a 30-day notice before his/her admission is terminated and the **non-refundable** Registration and Material Fees will not be returned.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_



## GUIDE ACADEMY, CT

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### Registration From 2024-25 (Contract)

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#### Child Information (Please Print Clearly)

Child's full name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Country/State of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Which Program would you like to sign up for? (Only applicable to children 2.5 years and older)

- |  |          |
|--|----------|
| <input type="radio"/> I: Half Day 9am-12pm (ages 2.5 to 4 only)          | \$9,500  |
| <input type="radio"/> II: Full Day 9am-3pm (Required for Kindergarten)   | \$10,000 |
| <input type="radio"/> Occasional Before and Aftercare (7am-9am, 3pm-7pm) | \$15/hr  |
| Monthly Before and Aftercare (more than 10 hrs/week)                     | \$12/hr  |

Other fees (**non-refundable**): Not included in Tuition.

\$100 for Registration/Enrollment

\$600 for Material/Activity Fee

#### Payment schedule payable to Guide Academy:

- 1) Deposit: **\$3,700** due with contract by September 4<sup>th</sup>, 2024
- 2) Second Payment due by January 6<sup>th</sup>, 2024: **I: \$3,250 II: \$3,500**
- 3) Final Payment due by April 7<sup>th</sup>, 2024: **I: \$3,250 II: \$3,500**

We offer a 10% discount for siblings of enrolled students.

#### If applicable, last school Attended:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ District: \_\_\_\_\_ Last Grade completed: \_\_\_\_\_

#### Students Legal Guardian (Please print clearly)

Both parents \_\_\_\_ Father Only \_\_\_\_ Mother Only \_\_\_\_ Other \_\_\_\_\_.

**Legal Guardian's Information:** (Please print clearly)

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Other Legal Guardian**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**NOTE: If student is not residing with parents, proof of custody must be supplied upon admission.**

**Please request all school records to be sent to Guide Academy by the registration date.**

As parents, we understand that \_\_\_\_\_ is admitted for the full term and that no refunds will be made for any reason. We further understand that a late charge of \$25 per month will be applied to my account if tuition is past due by ten (10) days. Additionally, there will be a \$20 service fee for all returned checks by the bank. I further agree to pay all legal fees incurred if a collection process is necessary to obtain tuition.

Please make a copy for your file.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

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Guide Academy Emergency Card

(Last)	Student Name	(First)
Teacher		
ALLERGIC TO		
Child's Picture		
PHYSICIAN		

IN CASE OF EMERGENCY AND PARENT CANNOT BE REACHED, CHILD CAN BE RELEASED TO:

Name	Phone
Name	Phone
Picked up by:	





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I hereby only authorize the following persons:

\_\_\_\_\_ (DL# \_\_\_\_\_) on Date \_\_\_\_\_  
\_\_\_\_\_ (DL# \_\_\_\_\_) on Date \_\_\_\_\_  
\_\_\_\_\_ (DL# \_\_\_\_\_) on Date \_\_\_\_\_  
\_\_\_\_\_ (DL# \_\_\_\_\_) on Date \_\_\_\_\_

To pick up my daughter/son ( \_\_\_\_\_ ) from Guide Academy.

If you have any question call me at ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

I understand, that if my child will be picked up by a relative or friend, I will send an email to [info.ct@guideacademy.org](mailto:info.ct@guideacademy.org) or text cell# (951) 376-9898 with a picture of their Driver's License.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



## GUIDE ACADEMY, CT

### Permission for Pictures

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Dear Parents,

We are arranging for your children's pictures to be put on our website and/or advertisements such as facebook and instagram. By signing this statement you are giving Guide Academy permission to use your children's videos/pictures for advertising.

I understand that this is for advertisement or informational purposes and I will not be compensated for it.

Thank you,

Guide Academy

Administration

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Parent Signature

---

Date

---

Child's Name



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## WAIVER OF LIABILITY CONTRACT

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We look forward to working with you and your child this year and we thank you for your attention.

This Student – Parent handbook is the sole proprietary ownership of Guide Academy. Guide Academy reserves the right to make revision or changes without prior notice.

IN WITNESS WHEREOF: the Parent/Guardian and Student here to have read all the pages of this student – Parent handbook and agree to follow all the rules and regulation as to the date hereof, and agree to the Tuition and Fee schedules. To maximize the educational experience of our child, we (parents) agree to attend all parent conferences and parent education sessions. Parents need to review this contract further and should see administration for any questions they may have.

Please Print Student's Name \_\_\_\_\_.

Parent/Guardian Name: \_\_\_\_\_.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_.

Comments, Suggestions, Advice:



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## **Influenza Form**

\_\_\_\_\_ has received the influenza  
vaccine on \_\_\_\_\_.

**Please have the form stamped or signed by Pediatrician.**

**Dr. Signature/Stamp** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number** \_\_\_\_\_

## CHILD ENROLLMENT FORM

Date of Application: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Last Day of Enrollment: \_\_\_\_\_

Attention Provider: This information must be kept current at all times and shall be kept file for one year after the child ceases to be enrolled in the family child care home.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Gaurdian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact # (\_\_\_\_) \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Gaurdian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact # (\_\_\_\_) \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

.....  
**My Child's Weekly Child Care Schedule:**

<u>Day(s)</u>	<u>Hours</u>
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____
Saturday _____	_____
Sunday _____	_____

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## WRITTEN PERMISSION FORM

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Persons permitted to remove the child from the child care home on behalf of parent.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Child's Emergency Medical Care Provider:**

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Physician: Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Dentist: Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**My family child care provider and or approved substitute, have my permission to:**

- Transport my child for any activity away from the family child care home. The provider is responsible for notifying me of days and times that these activities will occur \_\_\_\_ Yes \_\_\_\_ No
- Allow my child to participate in any activity away from the child care home \_\_\_\_ Yes \_\_\_\_ No
- Transport my child in case of an emergency to the Emergency Medical Care Provider, Physician or Dentist listed above and or to seek medical attention in an emergency at: \_\_\_\_\_ Yes \_\_\_\_ No  
(name of hospital or walk-in clinic)
- Include my child in swimming when recreational swimming is part of the family child care program \_\_\_\_ Yes \_\_\_\_ NO I understand it is my responsibility to outline these provisions to the provider
- Arrange for transitioning of my child to and from school including, but not limited to, transportation, exact bus pick up and drop off locations, and supervision to be provided during transitioning \_\_\_\_ Yes \_\_\_\_ No  
I understand that I must provide written permission and instructions specifying these arrangements.

The provisions outlined on this form have been worked out in consultation with me and my family child care provider. \_\_\_\_ Yes \_\_\_\_ No

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

### Medical Information

Known Allergies: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

Child's Physician: Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Child's Dentist: Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*\*\*\*\*

### Emergency Authorization

I give my consent for the First Aid and CPR certified staff of (program's name) \_\_\_\_\_, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: \_\_\_\_\_

\*\*\*\*\*

### Behavior Management and Parent Handbook

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## GUIDE ACADEMY, CT

### Authorization for Emergency Care

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Child's Name: \_\_\_\_\_

In the event WE cannot be reached in an Emergency, I hereby give permission to the school's director or teacher to give proper treatment for my child. This includes permission for a certified staff to administer First Aid, contact the EMS by calling 911 and/or transporting the child to the appropriate medical professionals so that may tend to the needs of my child.

Child's Primary Care Physician (Name & Phone Number)

\_\_\_\_\_

Child's Primary Dentist (Name & Phone Number)

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

**Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug? ☐ YES ☐ NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_ ☐ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Nurse Signature (if applicable) \_\_\_\_\_

**Parent/Guardian Authorization:**

- ☐ I request that medication be administered to my child/student as described and directed above
- ☐ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- ☐ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian authorization for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**

## Medication Administration Record (MAR)

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacy Name \_\_\_\_\_ Prescription Number \_\_\_\_\_

Medication Order \_\_\_\_\_

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Medication authorization form must be used as either a two-sided document or attached first and second page.

☐ Authorization form is complete

☐ Medication is appropriately labeled

☐ Medication is in original container

☐ Date on label is current

Person Accepting Medication (print name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Field Trip Permission Form

I hear by give permission for my child,

---

Child's name

to go on field trips with Guide Academy, CT. I understand that I may need to transport and pick-up my child from the field trip.

I also give permission for the teachers to go for walks around the school property with my child.

Please note: The State of CT requires this form to be kept on file for each child.

Permission slips will be sent home for each individual field trip out going and incoming field trips.

---

Parent/Guardian Signature

Date



## Guide Academy's Student Supply List

### **Preschool/Kindergarten:**

2 sets of extra clothes in ziploc bag with their names (to be kept at school)

Water bottle with their name

Utensils for lunch

A set of sheets, pillow and blankets for children 4 and under (to be washed every Friday and returned Monday)

Snow pants, winter hat, gloves/mittens for cold/snow days & rain boots



## **Guide Academy Snack & Supplies**

Every week, a family will be requested to send a series of fruits, vegetables and flower bouquet.

The list includes the following:

	Monday	Tuesday	Wednesday	Thursday	Friday
Snack	Vegetables with crackers	Fruits with cheese	Vegetables & Bars	Crackers & Cheese or yogurt	Vegetables and Fruits

Some fruits include:

Orange, Grapes, Cucumber, Apples, Strawberries, Watermelon, Tangerine, Pears, Bell peppers

Some vegetables include:

Carrots, Celery, Broccoli

Dairy:

Yogurt, Cheese, Milk, Hard boiled eggs

\*Please note: Teachers will send out a list with exact portions. The above menu is based on the fresh seasonal fruits and vegetables, snacks maybe mixed and changed dependent on market availability. **The child decides how much to eat but if the child is NOT making the right choices then the above portions are encouraged.** Snacks are served anytime the child wants between 10:00 to 12:00 noon or 3:00pm to 7:00pm. Lunch is served between 12:30pm to 1:30pm.



GUIDE ACADEMY

## School Uniform

49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: [Info.ct@guideacademy.org](mailto:Info.ct@guideacademy.org)

Dear Parents,

Welcome to the 2024-2025 academic school year! We would like to inform you of the school uniform requirements. Upon Registration, you will receive 2 logos that you can iron/stitch on the clothes, any additional logos can be purchased. Please see uniform below based on gender:

Boys:

Long sleeve or short sleeve navy blue polo shirts with khaki pants and navy sweaters for colder months.



Girls:

Navy jumper with white under shirt and navy leggings and Navy sweater for colder months.



As far as shoes, all students should have "outdoor shoes" and "indoor shoes". These shoes should be closed toe (NO sandals) sneakers. Please see image below for an example of shoes.



Every Friday will be Free Dress day for all Preschool and Kindergarteners. Please let us know if you have any questions.



## **Birthday Policy**

49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: [Info.ct@guideacademy.org](mailto:Info.ct@guideacademy.org)

Birthday's are a special occasion and Guide Academy welcomes celebrations. We refer to them as "celebration of life". There are some important information regarding Birthday celebrations and snacks:

- Prior arrangements must be made with their teacher.
- Birthday celebrations cannot take away from class time so it must be done during lunch/recess time. For PreK-KG it could be between the last 30 minutes.
- Guide Academy promotes Reading; therefore a "Taste of a Book" is encouraged by the Birthday student instead of a "Taste of a Cake".
- We suggest a small, healthy birthday treat that follows our wellness policy (if desired).
- Snacks that need to be cut or assembled in school are discouraged, as they will impede upon instructional time.
- If a treat is provided, it will be required to have small plates, napkins, and/or utensils, etc.
- Due to an increasing number of food allergies, pre-packaged treats are recommended. Please send the ingredients and nutritional information the day before by providing a picture and emailing it to teacher/office staff. We are a peanut-free school, so no peanuts allowed.
- You may also offer lunch such as pizza, but please let us know prior to informing the parents.
- Select and bring a picture representing each year of your child's life. You may place them on a poster. If your child is now 5 years old, bring 5 pictures (including one for the day (s)he was born).