

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



# Guide Academy

## Student Forms

121 S. Citron St.  
Anaheim, CA 92805

[info@guideacademy.org](mailto:info@guideacademy.org)

(714)603-7811



121 S. Citron Street, Anaheim, CA 92805 Phone: (714) 603-7811 Fax: (657)208-3027 Email: info@guideacademy.org

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. In addition to the registration packet, please submit updated immunization records as well as the following dues per child:

1. **Application Fee** (New Applicants Only) - \$25
2. **Registration Fee** - \$50
3. **PTO Membership Fee** (Per Family) - \$60
4. **Materials & Activity Fee** - \$600
5. **SAT Test** - \$100
6. **Pizza Fee** - 9 months x \$8.00 per month = **\$72** (Starting October, the last Friday of the month will be free dress and pizza day)
7. **Supplemental Language Books** - **\$40 each**

**Enclosed Forms:**

- Admission Agreement
- School Registration Form 2024-2025
- Enrollment Form
- Emergency Card
- Annual Tuition
- After School Programs Registration Form
- Pick-up Authorization
- Permission for Pictures
- Waiver of Liability Contract
- Community Care Licensing forms: Documents required for enrollment (admission agreement, form Lic 613A, Lic 995, Lic 627, Lic 700, Lic 702, Lic 701)
- Student Supplies List
- Snack and Lunch Menu
- School Uniform
- Volunteer Form
- Weekly Schedule and 2024-2025 School Year Calendar (Available in August)
- Parents Report (Kindergarten Only)
- 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 August 1<sup>st</sup>, 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

### **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 use the system of checkmarks, every 5 checkmarks (verbal warnings) will result in 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 checkmarks 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 regard 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

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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 Fees will not be returned.

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

\_\_\_\_\_  
Date

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## GUIDE ACADEMY

Registration Form 2024-2025

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### Student Information (Please Print Clearly)

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### Which Program would you like to sign up for?

- Full Time (8:30-3:00pm) \$995/month (PreK, Kindergarten, Elementary, Middle & High School)
- Part time (3 days a week) (8:30-3:00pm) \$820/month PreK/TK Only
- Part time (2 days a week) (8:30-3:00pm) \$615/month PreK/TK Only

### Payment options:

Tuitions are based on a 10-month period (which may be paid in full amount at the beginning of the school year) or on a month-to-month basis.

### 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 the 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.**

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Anaheim, CA 92805  
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Fax: (657) 208-3027  
Email: [info@guideacademy.org](mailto:info@guideacademy.org)  
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Dear Parents,

The 2024-2025 school year will begin on Thursday, September 5<sup>th</sup>, 2024. Tuition for the new school year will be \$995 a month per student.

To ensure your child/children a spot in their class and to enable us to plan effectively, please return the attached enrollment form along with your \$600 payment (Non-refundable deposit) by August 1<sup>st</sup>, 2024.

Your deposits will go towards your child's 2024-2025 supplies.

If you need to make special arrangements regarding deposits, please bring your enrollment form to the office and speak to the administrator.

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

Yours sincerely,

Guide Academy

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**GUIDE ACADEMY ENROLLMENT FORM**  
**2024-2025 School Year**

Please accept my \$600 **non-refundable Supply Fee.\*** I understand that this will secure a place for my child, \_\_\_\_\_, for the 2024-2025 school year. This money will be applied toward supplies for the year 2024-2025. I further understand that my \$995.00 non-refundable June 2025 tuition, the \$100.00 **non-refundable Testing Fee** (grade Kinder-12) and the \$50.00 **non-refundable** Registration Fee are due on August 1<sup>st</sup>, 2024.

This deposit for June 2025 tuition is non-refundable to students withdrawing during the school year and will not be applied to any other month.

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

\_\_\_\_\_  
Date

If deciding to forgo enrollment for the 2023-2024 school year:

My child, \_\_\_\_\_, WILL NOT be returning for the 2024– 2025 school year.

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

\_\_\_\_\_  
Date

Guide Academy does not discriminate and admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

**OFFICE USE ONLY**

2024-2025 Grade: \_\_\_\_\_

**Amount Paid**    \$ \_\_\_\_\_

Registration Fee                    \$ \_\_\_\_\_

Deposit                    \$ \_\_\_\_\_

Testing Fee (Kinder-12)            \$ \_\_\_\_\_

Supply Fee                    \$ \_\_\_\_\_

**Balance Due**                    \$ \_\_\_\_\_

Arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## Guide Academy

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121 S. Citron Street, Anaheim, CA. 92805

### *Registration Form 2024-2025 (After School Program)*

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Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

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**Which Program would you like to sign up for?** \$30/Session or the following Options:

- Spanish (\$100/month) (Tue 3:00-4:00pm) (Plus \$30 Material Fee)
- Farsi/Arabic (\$100/month) (Mon 3:00-4:00pm) (Plus \$30 Material Fee)
- Robotics/3D Printing (\$100/month) (Wed 3:00-4:00pm) (Plus \$100 Material Fee)
- Coding /Computer Sc. (\$100/month) (Fri 3:00-4:00pm) (Plus \$100 Material Fee)
- After School Care (\$20/Hour or \$320/month)
- Private Tutoring (\$30/Hour)

**In case of emergency, please contact** (please print clearly):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOTE: Make checks payable to Guide Academy and attach to this form.**

Phone: (714) 603-7811 Fax: (567) 208-3027 Email: [info@guideacademy.org](mailto:info@guideacademy.org) [www.guideacademy.org](http://www.guideacademy.org)

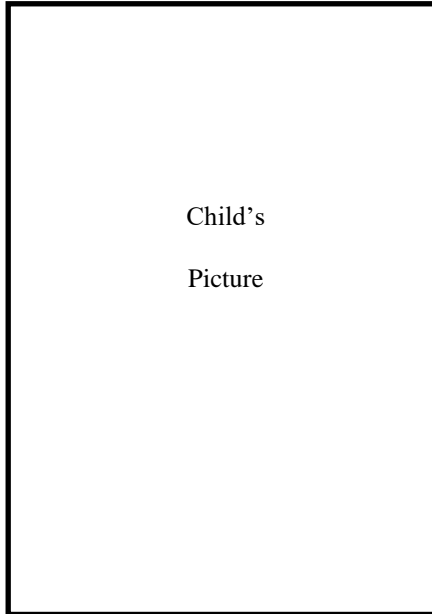
# Guide Academy Emergency Card

\_\_\_\_\_  
(Last)                      Student Name                      (First)

\_\_\_\_\_  
Teacher

**ALLERGIC TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SPECIAL MEDICAL CONDITIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN**

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

Picked up by: \_\_\_\_\_

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



Guide Academy  
121 South Citron Street  
Anaheim, CA. 92805  
[www.guideacademy.org](http://www.guideacademy.org)

I hereby only authorize the following persons:

----- (DL#-----) on 2024-25-----  
----- (DL#-----) on 2024-25-----  
----- (DL#-----) on 2024-25-----  
----- (DL#-----) on 2024-25-----

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

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

Name: -----

Signature: -----

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Dear Parents,

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

Thank you,

Guide Academy

Administration

---

Parents Name

---

Date

---

Child's Name

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_ HOME ADDRESS

\_\_\_\_\_ HOME PHONE  
( )

\_\_\_\_\_ WORK PHONE  
( )

# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
------------	--------	-------------------	--------	-----------------------------	--------

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

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121 S. Citron Street, Anaheim, CA 92805 Phone: (714) 603-7811 Fax: (657)208-3027 Email: info@guideacademy.org

### WAIVER OF LIABILITY CONTRACT

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.

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.

Issues concerning this contract shall briefly be discussed during the Parent Orientation Meeting. Upon the conclusion of the meeting, this contract shall be signed and submitted to the school administration. 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:

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



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.

Payment Plans and Discounts		
Annual Tuition September 2024 – June 2025		
Pre-K, K, Elementary & Junior High Program Monday – Friday 8:30 AM – 3:00 PM	\$ 9,950.00 per year for the first child (10 months) \$995.00 per month	
Day care is also available Monday – Friday 7:00 – 8:30 AM & 3:00 – 7:00 PM	\$20.00 per hour / each child	
<b>Plan A – Full Payment</b>	Student qualifies for a 5% discount only if tuition is paid in full amount (ONLY FOR THE FIRST CHILD) before September 03, 2024.	
<b>Plan B – Semi – Annual Payment</b>	Student qualifies for a 2.5% discount when tuition is paid Semi-Annually. First half of tuition will be due on September 03, 2024, and the second half on January 13, 2025.	
<b>Plan C – Month-to-Month Payment</b>	Student will not qualify for any discount. Payments will be due on the first day of each month beginning with September 03, 2024, and ending on May 1, 2025. Late Fee of \$50.00 will be assessed after the 10th of the month. *Last month tuition is collected during the first month (non-refundable)	
<b>Sibling Discounts</b> A discount applies to the first sibling enrolled full-time (\$795) and for any siblings thereafter (\$595). Note: Payment Discounts and Tuition Assistance do not apply to Part-Time Enrollees		
Additional Annual Fees		
Application Fee	New Applicants Only	\$25.00
PTO Membership Fee	Per Family	\$60.00
Registration Fee	Per Applicant	\$50.00
Materials & Activity Fee	Full & Part- Time Program	\$600.00
SAT Test	Per Child	\$100.00
Pizza	Per Child	\$72 for 9 months (\$8/month)
Language Book (Elementary)	Per Child	\$40
JH & HS Language Book	Per Child	\$120
Lunch (Optional)	Per Child	\$150/month or \$8/day
Volunteer Hours Donation or 30 hours per year		\$250.00 per year
Late Pick-Up Fee		\$1.00 per minute
Late Drop Off Fee		\$10.00 after first 10 minutes

# **GUIDE ACADEMY SCHOOL SUPPLIES LIST**

As part of an effort to make your child's learning experience an organized and memorable one this year; we request that you to bring the following materials on the first day of school.

- All students need to have an earthquake kit left at the school.
- Placemats for lunch.

PreK/Kindergarten:

- Two sets of extra clothing in a Ziploc bag with their name on it
- Sheet, pillow, and blanket for the napping students. (PreK)

Lower Elementary:

- 8 notebooks for different subjects
- 2- pocket folder (2) – one for homework, other for reading log
- Apron for Arts & crafts

Upper Elementary:

- 10 notebooks for different subjects
- Protractor
- Compass
- Calculator
- Ruler
- 2-pocket folder (2) – one for homework, other for reading log
- Apron for Arts & crafts

Junior High/High School:

- 10 spiral notebooks for different subjects
- Protractor
- Compass
- Calculator
- 3-ring binder, 2" (1)
- Dividers with 8 tabs

**Remind the students to label their supplies.**

**Note:** Each teacher will send a separate supply list as needed.



## Guide Academy Snack & Lunch Menu

	Monday	Tuesday	Wednesday	Thursday	Friday
Snack	Vegetables with crackers	Fruits with cheese	Vegetables & Bars	Crackers & Cheese or yogurt	Vegetables and Fruits
Lunch	Rice & Stew	Chicken/Turkey or Fish with Vegetables	Lentils & Rice, yogurt	Veggie Burger/ Burrito	Pasta/pizza , or Tuna sandwich

	Monday	Tuesday	Wednesday	Thursday	Friday
Portion	4 kinds 2 piece/ each, 4 crackers	3-4 types of fruits 2 pieces each with 1/2 cheese string	3 types of vegetables 2 pieces each & half Bars	5 Cracker, 5 Cheese cubes or cup of yogurt	2 kinds of fruits and vegetables 3 pieces each
Portion	½ cup of rice with meat & vegetable	2 slices bread or 1 medium potato, 20g meat, cup of salad	½ cup rice & ½ cup lentils, 3 spoon yogurt	One bun/ 20 burger or 1-2 Burritos	1 cup Pasta with vegetable or two slice of pizza

Every week, a family will be requested to send a series of fruits, vegetables and flower bouquet. The list includes the following:

Some fruits include:

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

Some vegetables include:

Carrots, Celery, Broccoli

Dairy:

Yogurt, Cheese, 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. The lunch menu may change without notice



## School Uniform

121 S. Citron St. Anaheim CA, 92805 Phone: (714)603-7811 Email: info@guideacademy.org

Dear Parents,

Welcome to the 2024-2025 academic school year! We would like to inform you of the school uniform requirements. Please see below based on gender:

### Boys:

Long Sleeve or Short Sleeve Navy blue Polo Shirts with Khaki pants.



### Girls:

Navy jumper with white under shirt and navy leggings.



Girls in higher classes can wear navy tunics with navy pants.



<https://www.modanisa.com/en/navy-blue-tunic-allday-8194342.html>

<https://www.modanisa.com/en/navy-blue-tunic-allday-7856696.html>

The uniforms can be purchased from wherever convenient.



As far as shoes, all students should have "outdoor shoes" and "indoor shoes". The 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.