

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



Guide Academy, CT

(Connecticut Branch)

Summer 2025

Student Forms

49 Katrina Cir

Bethel, CT 06801

GuideAcademy.org

info.ct@guideacademy.org



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

Registration Form 2025 (Summer Program)

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.

Student Information (Please Print Clearly)

Student's last name: _____ First name: _____ Middle initial: _____

Birth date: _____ Age: _____ Grade: _____ City/State/Country of birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Student's last name: _____ First name: _____ Middle initial: _____

Which Program would you like to sign up for:

- Weekly Full Time (\$350/week) (Mon - Fri 9:00-3:00pm)
- Entire 6-week session (\$1500) (Mon - Fri 9:00-3:00pm)
- Daily (\$100) (Mon - Fri 9:00-3:00pm)
- Hourly Daycare (\$15.50/hr) (Mon - Fri 7-9am and 3-7pm)
- Lunch \$14/day or \$45/week

In case of emergency, responsible person is (Please print clearly)

Last name: _____ First Name: _____ Middle Initial: _____

Relationship to the child: _____

Home address: _____ City: _____

State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

To reserve your child's spot, please make one-week payment. Child enrollment is on a first-come, first-served basis, determined by the date the deposit is received. All tuition must be paid prior to child enrollment. A late charge of \$50 per week will be applied to my account if tuition is past due by five (5) days.

Please make a copy for your file.

Signature of Parent or Guardian

Printed Name

Date

NOTE: Make checks payable to Guide Academy or Zelle info.ct@guideacademy.org

Phone: (951)376-9898

Email: info.ct@guideacademy.org

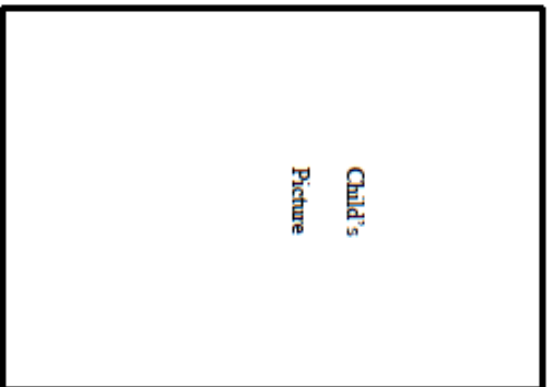
Website: www.guideacademy.org

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:



GUIDE ACADEMY, CT

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

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 or text cell# (951) 376-9898 with a picture of their Driver's License.

Name: _____

Signature: _____



GUIDE ACADEMY, CT

Permission for Pictures

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

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

Parent Signature

Date

Child's Name



49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: Info.ct@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. The Guide Academy reserves the right to make revisions 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:



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

Influenza Form

_____ has received the influenza
vaccine on _____.

Please have the form stamped or signed by Pediatrician.

Dr. Signature/Stamp _____

Address _____

Phone number _____



GUIDE ACADEMY, CT

Authorization for Emergency Care

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

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 certified staff to administer First Aid, contact 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

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 does not administer any medication.



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/veggie frittata/Bean & Noodle Soup	Pasta/pizza/mac & cheese

*Please note: the above menu is based on the fresh seasonal fruits and vegetables, snacks maybe mixed and changed dependent on market availability. In addition, lunch menu days may also change without notice and days maybe exchanged. **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.