

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



Guide Academy

Student Forms

2026-2027

121 S. Citron St.
Anaheim, CA 92805

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 \$14.00 per month = **\$126** (Starting October, the last Friday of the month will be free dress and pizza day)
7. **Supplemental Language Books** - **\$40 each**
8. **Earthquake Kit - 15 \$** **If the kit was purchased in a previous year and has not yet expired, the parent will not be charged.*

Enclosed Forms:

- Admission Agreement
- School Registration Form 2026-2027
- 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 2026-2027 School Year Calendar (Available in August)
- Parents Report (Kindergarten Only)
- Student-Parent Handbook
- PTO Handbook



Admissions Agreement

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

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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 1st, 2026.

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. Completed immunizations
- d. Home visits by the teachers **(if needed)**

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 3rd 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 wellbeing 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

I understand the admission agreement for my child, _____,
for the 2026-2027 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





GUIDE ACADEMY

Registration Form 2026-2027

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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: _____

Which Program would you like to sign up for?

- Full-Time (8:30-3:00pm) **\$1499/month** (PreK, Kindergarten, Elementary, Middle & High School)
- Part-Time **PreK/TK Only** (4 days a week) (8:30-3:00pm) \$1350/month
- Part-Time **PreK/TK Only** (3 days a week) (8:30-3:00pm) \$1236/month
- Part-Time **PreK/TK Only** (2 days a week) (8:30-3:00pm) \$927/month
- Part-Time **PreK/TK Only** (1 days a week) (8:30-3:00pm) \$600/month

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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Dear Parents,

The 2026-2027 school year will begin on Tuesday, September 8, 2026. Tuition for the new school year will be \$1499 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 1st, 2026. Your deposits will go towards your child's 2026-2027 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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After School Program Registration Form 2026-2027

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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: _____

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

- Arabic (\$100/month) (Mon 3:00-4:00pm) (Plus \$30 Material Fee)
- Ceramics/Pottery (\$100/month) (Tue 3:00-4:00pm) (Plus \$100 Material Fee)
- Quran(\$100/month) (Wed 3:00-4:00pm) (Plus \$30 Material Fee)
- French (\$100/month) (Th 3:00-4:00pm) (Plus \$30 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.

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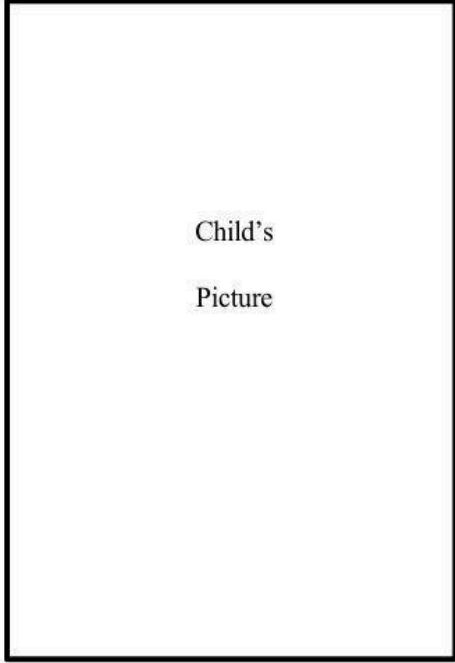
Guide Academy Emergency Card

SPECIAL MEDICAL CONDITIONS

(Last) Student Name (First)

Teacher

ALLERGIC TO



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

I hereby only authorize the following persons:

----- (DL#-----) on 2026-27-----
----- (DL#-----) on 2026-27-----
----- (DL#-----) on 2026-27-----
----- (DL#-----) on 2026-27-----

To pick up my daughter/son (-----) from Guide Academy. If you
have any question, call me at (-----) ----- _-----

Name: -----

Signature: -----

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Picture Authorization Form

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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

Child's Name

Parents Name

Date

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
---	------

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/DTaP/ 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

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.

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
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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*
---------------------------------	--------------------------

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

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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.

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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.

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:

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Payment Plans and Discounts / Annual Tuition September 2026 – June 2027

Pre-K, K, Elementary & Junior High Program Monday – Friday 9:00 AM – 3:00 PM	\$ 14,990.00 per year for the first child (10 months) \$1499.00 per month	
Day care is also available Monday – Friday 7:00 – 9:00 AM & 3:00 – 7:00 PM	\$20.00 per hour / each child	
Plan A – Full Payment	Student qualifies for a 5% discount only if tuition is paid in full amount (ONLY FOR THE FIRST CHILD) before September 01, 2026.	
Plan B – Semi – Annual Payment	Student qualifies for a 2.5% discount when tuition is paid Semiannually. First half of tuition will be due on September 01, 2026, and the second half on January 11, 2026.	
Plan C – Month-to-Month Payment	Students will not qualify for any discount. Payments will be due on the first day of each month beginning with September 01, 2026, and ending on May 1, 2027. 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)	
<p>Sibling Discount: \$100 off for the first additional child / \$200 off for the second additional child / \$300 off for the third additional child</p> <p>Financial aid will be available for up to 75% (i.e., as low as \$375), subject to CFO approval and final rate confirmation.</p> <p>Early Registration: Families who register by May 15, 2026 along with the \$600 deposit, will receive \$1,000 off the total tuition.</p> <p>Long Commute Discount: Students who live outside of Anaheim are eligible for up to \$2,000 off total tuition, calculated based on distance.</p> <p style="text-align: center;"><i>Note: Payment Discounts and Tuition Assistance do not apply to Part-Time Enrollees.</i></p>		
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	\$126 for 9 months (\$14/month)
Earthquake Kit	Per Child	\$15
Language Book (Elementary)	Per Child	\$40
JH & HS Language Book	Per Child	\$120
Lunch (Optional)	Per Child	\$150/month or \$14/ 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

Withdrawal Policy : We kindly ask families to provide at least 30 days' written notice if they plan to withdraw their child from the school. Tuition remains due during this notice period, whether or not the child attends, as enrollment reflects a yearly commitment that supports classroom stability and planning. Please note that registration and program fees are non-refundable. In the case of unexpected circumstances, families are encouraged to communicate with administration, and we will do our best to support you while maintaining the integrity of our program.

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	1/2 cup of rice with meat & vegetable	2 slices bread or 1 medium potato, 20g meat, cup of salad	1/2 cup rice & 1/2 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.



Guide Academy Uniform and Dress Code

Boys Uniform PreK – 8th Grades

Shirts:

- Light blue polo shirt - long sleeve and/or short sleeve
 - Long sleeve polo shirts can be purchased here: [The Children's Place](#) (in the color BROOK)
 - Short sleeve pique polo shirts can be purchased here: [The Children's Place](#) (in the color BROOK)
 - For cooler months, a long sleeve polo shirt is an option for boys as shirts will not be allowed to be worn under the short sleeve polo shirt



Pants:

- Navy blue pants, relaxed fit
 - Pants can be purchased from [French Toast](#) or [The Children's Place](#)

Jackets/Sweaters:

- Light sweater (indoors): Navy blue zip sweater or windbreaker (optional)
 - Zip sweater can be purchased here: [The Children's Place](#)
 - Windbreaker can be purchased here: [The Children's Place](#)
- Heavy Jacket/Coat (outdoors): any color



Shoes:

- White, navy, or black sneakers/walking shoes with rubber soles
 - No dress shoes, sandals, boots, or clogs
 - Rainboots can be worn on rainy days
 - All students should have two pairs of shoes: "outdoor shoes" and "indoor shoes"

School Patch/Logo:

- The logo is **mandatory** on all polo shirts for boys
- The logo is **mandatory** on all indoor sweaters

Girls Uniform PreK – 8th Grades

Shirts:

- Light blue polo shirt - long sleeve (short sleeve for PreK/K allowed)
 - Long sleeve polo shirts can be purchased here:
[The Children's Place](#) (in the color DAYBREAK)
 - Short sleeve polo shirts can be purchased for girls in PreK/K only: [The Children's Place](#) (in the color DAYBREAK)



Jumper:

- Navy blue box pleat jumper
 - Jumper (item #1688) **must** be purchased from [French Toast](#)

Pants:

- Navy blue leggings or pants
 - Leggings can be purchased here: [The Children's Place](#), or any retail store that sells navy blue leggings
 - We suggest thicker jeggings for improved quality, which can be purchased here: [The Children's Place](#)
 - For older girls, we suggest pants which can be purchased here: [The Children's Place](#)



Jackets/Sweaters:

- Light sweater/jackets (indoors): Navy blue cardigan, zip sweater, or windbreaker (optional)
 - Cardigan can be purchased here: [The Children's Place](#)
 - Sweater can be purchased here: [The Children's Place](#)
 - Windbreaker can be purchased here: [The Children's Place](#)

Heavy Jacket/Coat (outdoors): any color

Hijab:

- One piece hijab or wrap in navy blue or light blue color
 - One piece girls hijab can be purchased here [Middle Eastern Mall](#) or at [The Islamic Place](#), or wherever available
 - Wrap or scarves can be purchased [online](#) or wherever available
 - The hijab must be secured in the same manner as the one-piece hijab, to ensure hair and neck are modestly covered

Shoes:

- White, navy, or black sneakers/walking shoes with rubber soles
 - No flats, dress shoes, sandals, boots, or clogs
 - Rainboots can be worn on rainy days
 - All students should have two pairs of shoes: "outdoor shoes" and "indoor shoes"



School Patch/Logo:

- The logo is **mandatory** on all jumpers for girls
- The logo is **mandatory** on all indoor sweaters



Boys High School Uniform (9th – 12th Grades)

Shirts:

Light blue polo shirt - long sleeve and/or short sleeve

- o Long sleeve polo shirts can be purchased here: [Land's End](#)
- o Short sleeve polo shirts can be purchased here: [Land's End](#)
- o For cooler months, a long sleeve polo shirt is an option for boys as shirts will not be allowed under the short sleeve polo shirt



Pants:

Navy blue pants, relaxed fit

- o Pants can be purchased from [Land's End](#)

Jackets/Sweaters:

Light sweater (indoors): Navy blue zip sweater or windbreaker (optional)

- o Light jacket can be purchased here: [Land's End](#)
- o Fleece jacket can be purchased here: [Land's End](#)
- o Rain jacket can be purchased here: [Land's End](#)

Heavy Jacket/Coat (outdoors): any color



Shoes:

White, navy, or black sneakers/walking shoes with rubber soles

- o No dress shoes, sandals, boots, or clogs
- o Rainboots can be worn on rainy days
- o All students should have two pairs of shoes: "outdoor shoes" and "indoor shoes"

School Patch/Logo:

- o The logo is **mandatory** on all polo shirts for boys
- o The logo is **mandatory** on all indoor sweaters

Girls Uniform High School (9th – 12th Grades)

Shirts:

Light blue polo shirt - long sleeve

- o Can be purchased here: [The Children's Place](#) (in the color DAYBREAK)

Jumper/Skirt:

Navy blue box pleat jumper **or** knee length pleated skirt. The jumper and skirt must be knee length. If wearing a skirt, the shirt must be tucked into the skirt and must have a school patch.

- o Jumper (item #1688) **must** be purchased from [French Toast](#)
- o Knee length pleated skirt (Item #1066) **must** be purchased from [French Toast](#)

Pants:

Navy blue pants, relaxed fit

- o Can be purchased here: [The Children's Place](#), [here](#), or from any retail store

Jackets/Sweaters:

Light sweater (indoors): Navy blue zip jacket (optional)

- o Light jacket can be purchased here: [Land's End](#)
- o Fleece jacket can be purchased here: [Land's End](#)

Heavy Jacket/Coat (outdoors): any color

Hijab:

Wrap scarf, in light blue or navy blue color

- o Wrap or scarves can be purchased [here](#) or from any retail store
- o The hijab must be secured in the same manner as a one-piece hijab, to ensure hair and neck are modestly covered

Shoes:

White, navy, or black sneakers/walking shoes with rubber soles

- o No flats, dress shoes, sandals, boots, or clogs
- o Rainboots can be worn on rainy days
- o All students should have two pairs of shoes: "outdoor shoes" and "indoor shoes"

School Patch/Logo:

- o _____ The logo is **mandatory** on all polo shirts or jumpers
- o _____ The logo is **mandatory** on all indoor sweaters



School Logo/Patch

- o Please make sure the school logo that is used is as pictured here
- o The logo must be sewn onto the shirt or sweater on the left-hand side as pictured
- o Logos are **\$5 each**
- o Every piece being worn (for boys: cardigans and shirts; for girls: cardigans and jumpers) **must** have a logo
- o After you receive your uniforms, you can drop off any piece of clothing that needs a logo and we can assist in sewing the school logo on

