 **RYAN ACADEMY REGISTRATION PACKAGE**

844 Jerome Avenue Norfolk, VA 23518 \***757-583-7926** (office) \***757-587-9183** (Fax)

**\*\*PACKAGES MUST BE RETURNED 24 HRS IN ADVANCE OF CHILD STARTING**

**PARENT INFORMATION- Please complete all information COMPLETELY**

**OFFICE ONLY**

ORIENTATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ENROLLMENT/ UPDATE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ START DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TERMINATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PROGRAM\_\_\_\_**Before Care Only (6 am –9 am) \_\_\_\_ After Care Only (3:15 pm- 6pm)

\_\_\_\_Before & After Care \_\_\_\_School Out Days \_\_\_\_\_School Vacation Week

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***CHILD INFORMATION**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: M / F

MIDDLE

FIRST

LAST

BIRTHDATE: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_ yrs. \_\_\_\_\_\_\_\_ mths.

CUSTODIAL PARENT: MOM DAD BOTH (CIRCLE ONE) OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_

FIRST

LAST

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized to P/U: Yes No Home

ZIP

STATE

CITY

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

Phone No. 1: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Work No. : (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_\_\_

\*If Active Duty please give full Command Name, Full Mailing Address, Incl. Full FPO or City, State, & Zip.

CELL or OTHER

CELL or HOME

Employer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active Duty Military? Yes No

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

CITY

STATE

ZIP

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Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_

FIRST

LAST

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized to P/U: Yes No Home

ZIP

STATE

CITY

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

Phone No. 1: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Work No. : (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_\_\_

\*If Active Duty please give full Command Name, Full Mailing Address, Incl. Full FPO or City, State, & Zip.

CELL or OTHER

CELL or HOME

Employer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active Duty Military? Yes No

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

CITY

STATE

ZIP

**EMERGENCY CONTACT** You must list 2 persons (other than parents) and at least 1 must be local.

**CONTACT #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone

Other Phone

FIRST

LAST

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AUTHORIZED TO PICK UP? YES NO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP

Complete address (please include city, state & zip)

**CONTACT #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone

Other Phone

FIRST

LAST

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AUTHORIZED TO PICK UP? YES NO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP

Complete address (please include city, state & zip)

**OTHERS AUTHORIZED TO PICK UP**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full Name- ID will be required in the office before pick up)

RELATIONSHIP

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full Name- ID will be required in the office before pick up)

RELATIONSHIP

**UNAUTHORIZED PICK UP**

If there is ANYONE who is not allowed to pick-up you child, please give their name below. \*\*Please note. If this is a parent & their name is listed on the Birth Certificate, you must provide documentation to support their wishes for them to be Unauthorized.

NOT AUTHORIZED TO PICK UP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**SICK POLICY ACKNOWLEDGEMENT**

To protect the children at school who are well, we have very stringent rules about sick children. If your child becomes ill at school (vomits, loose stools, 100.5 fever or higher), he or she will need to be picked up immediately. They are not permitted to return for 1 full day after they are sent home.

If your child is injured, we will make immediate attempts to contact you. If we are unable to reach you or the person you designated for such emergencies, we will call your child’s physician or 911 if necessary. You will be expected to assume any resultant expense. Please keep the school up-to-date on phone numbers, emergency numbers, & other pertinent information. Please keep your child HOME if he or she has:

1. … had a fever in the previous 24 hour period
2. … a cold that is at least 2 days old
3. … had a heavy nasal discharge with any other color than clear
4. … a constant cough
5. … been vomiting
6. … diarrhea (more than 1 loose stool in a 24 hour period)
7. … symptoms of a communicable disease including red eyes, sore throat, or abdominal pain plus a fever

Children exhibiting any of these signs will be isolated in the office until a parent or emergency contact picks up. The parent will inform the school within 24 hours or the next business day after their child or any member of the immediate household has developed any communicable disease, and defined by the state board of health, except for life threatening diseases which must be reported immediately.

\_\_\_\_\_ I have read and understand the above & fully agree to abide by these guidelines. I understand that my tuition is still due and cannot be pro-rated for illness.

(Initial)

REGISTRATION FORM 844 Jerome Ave. Norfolk, VA 23518

STUDENT ENTERING GRADE \_\_\_\_\_\_ (757)583-7926 www.ryanacademy.org

I understand that in order for my child to be considered for acceptance into Ryan Academy he/she must be interviewed by the administration. The following **MUST** be presented at the time of registration:

* $100.00 per student (non-refundable) Registration Fee will be due with Registration Form
* Birth Certificate
* Immunization (Shot) Record (State Regulation)
* Commonwealth of VA School Entrance Health Form (State Regulation) (blank form may obtained in the school office)
* Most Recent Report Card

Has this student ever been tested or evaluated for Learning Disability, Speech/Language Therapy, ADD/ADHD, ESL, or any other special concerns? □ No □ Yes If yes, please explain (documentation from any testing MUST be on file in the school office):

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

Does this student have an IEP or 504 Plan? □ Yes □ No If yes, documentation must be provided at time of registration.

Has this student been expelled or suspended from another school? □ Yes □ No If yes, please explain:

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

In the event of a divorce, please attach the decree of custody with this application, as well as any specific instructions regarding the release of the child to a parent. □ Decree of Custody attached.

I understand that any academic, IEP, 504 Plan, medical, physical or psychological documentation/ problem must be made known to the administration at the time of registration. No registration is complete without the above disclosure.

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

Signature of Parent/Guardian Date

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

Signature of Parent/Guardian Date

**Complete Name and Mailing Address of Last School Attended** (needed for requesting transcripts**)**

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

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

How did you hear about Ryan Academy of Norfolk?

Website / Internet / Friend / Facebook / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY ATTENTION PERMISSION**

**PERMISSION TO SEEK EMERGENT MEDICATION / ATTENTION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby authorize Ryan Academy/Building Blocks Pre School to seek emergency medical care for my child in the event that such an emergency does occur & I cannot be reached immediately. I understand that I will be responsible for all medical costs & will not hold Ryan Academy/Building Blocks liable for any cost that incur as a result of the care they receive in your facility.

**Insurance Information**

Medical treatment costs are covered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number

Name of Insurance Company

Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic or Physical Conditions Pre Existing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical / Developmental Issues:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special Accommodations Needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLERGIES** (List any medication/food your child may be allergic to and the reactions)

Allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What Happens if Taken?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:

**EMERGENCY TEXT INFORMATION**

We have the ability to send text messages about school closures/delays or events. You may choose to receive these important messages by texting CAMPUS to 71441.

**Please note that ALL medication MUST be brought to the office before it can be administered to your child by our trained staff. No medication can be given without proper paperwork on file.**

**BUILDING BLOCKS PRE SCHOOL**

**BEFORE AND AFTER CARE PROGRAM**

**TUITION FEE SCHEDULE** (2018-2019)

Hours of Operation 6 a.m. – 6 p.m.

\*\*Individual School Out Days- $15.00

\*\*School Vacation (3 Days or More): $110.00

**PAYMENT OPTIONS**

\_\_\_\_\_\_ Monthly tuition rate $25- Tuition is billed on the 1st of every month; payments are due no later than the close of business on the 3rd. If tuition is not paid by the 3rd, you may be asked not to return your child to class until the past due balance & the upcoming bill is paid up front.

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Please initial the following as well:

\_\_\_\_\_\_ Late Fees – paying after your tuition is due – $25 will be applied to your account if you carry a balance into the next billing cycle

\_\_\_\_\_\_ Late Pick-up Fees – $1 per minute your child is in our care after 6 p.m. closing. You must pay in CASH the total amount due to the staff person caring for your child.

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

Signature of parent Date

**CONTRACT AGREEMENT**

This contract is being written to reflect the policies of both Ryan Academy and Building Blocks Preschool hereby referred to as “The Campus”. A separate payment contract must be signed upon acceptance of your Ryan Academy tuition payment plan. Please review & initial all items below. These are often parents overlook or take for granted. Please make sure you understand each of the following. Failure to initial does not exempt you from the following. Failure to read them does not exempt you. All of the following are important to the care of your child

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that:

(SSN) 

(Parent’s Name) 

PLEASE INITIAL EACH ITEM:

\_\_\_\_\_\_ The Campus WILL NOT BE RESPONSIBLE FOR LOST, STOLEN, DAMAGED, &/OR FORGOTTON ITEMS – SUCH AS BUT NOT LIMITED TO: COATS, HATS, TOYS, SUPPLIES, TABLETS, FOOD CONTAINERS, BACKPACKS, LUNCH BOXES, ETC.

\_\_\_\_\_\_ If your account is not paid in full within 2 weeks after leaving school, your account will be forwarded to a private collection agency & collection fees will incur.

\_\_\_\_\_\_ Shot Records must be current & turned into the office at the time of enrollment. Your child cannot be permitted in class without a shot record.

\_\_\_\_\_\_ A Physical & Birth Certificate must be turned into the office within 21 days of enrollment. Failure to submit these documents will require that you keep your child at home.

\_\_\_\_\_\_ 1 set of weather appropriate clothing should remain in your child’s can or locker at all times.

\_\_\_\_\_\_ You must walk your child to his/her classroom or to the gym & over to the staff person in the room. Please do not send your child down the hallway by themselves. There may not be anyone in the room yet or there might be a situation that prevents the room from being opened.

\_\_\_\_\_\_ The Campus does not offer vacation days nor sick days. Your tuition is expected whether your child is here or not.

\_\_\_\_\_\_ CHECK YOUR CHILD IN & OUT DAILY for childcare. If you are unsure how to do this properly, please see the office & someone will be happy to help you.

\_\_\_\_\_\_ Attendance is taken in your child’s classroom daily. Please make sure that you are on time. Classes begin at 8:30 am for Grades 1-8 and 9:00 am for Kindergarten. For parents **NOT** enrolled in the Building Blocks Before/After Care program, students may be dropped off as early as 8:15am and picked up by 3:15pm.

\_\_\_\_\_\_ Building Blocks Preschool reserves the right to close for all major holidays as listed in your parent information packet as well as 3 additional days providing notice is given. These days do not include days for man-made or natural disasters. Ryan Academy supplies all parents with a calendar which is posted on our website [www.ryanacademy.org](http://www.ryanacademy.org)

**Field Trip Information/ Permission**

The setting outside the classroom provides varied opportunities for children to explore things they might otherwise experience in books, pictures, or films. Several field trips are planned throughout the year and during breaks. All children are transported on buses provided by Ryan Academy/ Building Blocks Preschool. In order to reduce paperwork & waste, we have a permission slip below that authorizes Ryan/BBPS to take your child on all field trips with a 24-hour notice. We do this rather than having a separate permission slip to go home for every trip thus risking confusion, loss, and the possibility that we would not take your child for lack of permission. Please note- children not participating on field trips or that arrive after the trip has left may not stay at school since there will not be care available.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby agree that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is permitted to go on any field trip BBPS/Ryan

(Parent’s Name) 

(Child’s Name)

Academy arranges as long as I am notified of the trip.

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

(Parent’s Signature) (Date)

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**Media Release**

During the course of the year, we here at we take many pictures \*/or videos of your children showing the various activities we do throughout the day. At times, we will be updating our Staff Orientation & Training videos, our websites, & other advertisement including Facebook. This release allows us to have your child photographed either by a professional or ourselves. With your permission, we would like to be free to publish these precious memories. The videos for staff orientation &/ or training are for in house use only & will not be published.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby RELEASE/ DO NOT RELEASE my son or daughter,

(Parent’s Name) 

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed or published for advertisement of BBPS/ Ryan Academy. I also

(Child’s Name)

GIVE/ DO NOT GIVE (circle one) my permission to videotape my child for any in house training &/ or orientation.

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

(Parent’s Signature) (Date)

RYAN ACADEMY UNIFORM ORDER FORM

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_

Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Please deliver to child’s class

\_\_\_\_ I will collect from office

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Size | Quantity | Price | Total |
| Youth Short Sleeved  Burgundy Polo | YS YM YL YXL |  | X $12.00 | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Adult Short Sleeved  Burgundy Polo | AS AM AL AXL |  | X $ 14.00 | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Youth Burgundy Zippered Fleece | YS YM YL YXL |  | X $20.00 | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Adult Burgundy Zippered Fleece | AS AM AL AXL |  | X $22.00 | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Please review your order carefully and verify that all of the information is correct because once your order is submitted we cannot make any changes.** |

|  |
| --- |
| Office Use Only |
| Order Taken By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Ordered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment Method  \_\_\_\_\_\_\_\_\_\_\_ Check Number \_\_\_\_ Cash \_\_\_\_\_ Card |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Size Chart | S | M | L | XL |
| Youth (Size) | 6-8 | 10-12 | 14-16 | 18-20 |