RYAN ACADEMY REGISTRATION PACKAGE

844 Jerome Avenue Norfolk, VA 23518 **757-583-7926** (office)

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

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: _____ (LAST), _____ (FIRST). _____ (MIDDLE) GENDER: M / F

BIRTHDATE: _____/_____/_____ AGE: _____ yrs. _____ mths.

CUSTODIAL PARENT: MOM DAD BOTH (CIRCLE ONE) OTHER: _____

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Mother's Name: _____ (LAST), _____ (FIRST) SSN: ____-____-_____

DOB: _____ EMAIL: _____ Authorized to P/U: Y☐ N☐

Home Address: _____ _____ (CITY) _____ (STATE) _____ (ZIP)

Phone No. 1: (_____) _____-_____ (CELL or HOME) Work No. : (_____) _____-_____ (CELL or OTHER) Ext. _____

Employer name: _____ Active Duty Military? Y☐ N☐

Address: _____ _____ (CITY) _____ (STATE) _____ (ZIP)

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

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Father's Name: _____ (LAST), _____ (FIRST) SSN: ____-____-_____

DOB: _____ EMAIL: _____ Authorized to P/U: Y☐ N☐

Home Address: _____ _____ (CITY) _____ (STATE) _____ (ZIP)

Phone No. 1: (_____) _____-_____ (CELL or HOME) Work No. : (_____) _____-_____ (CELL or OTHER) Ext. _____

Employer name: _____ Active Duty Military? Y☐ N☐

Address: _____ _____ (CITY) _____ (STATE) _____ (ZIP)

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

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

CONTACT #1: _____, _____ _____ _____
LAST FIRST Phone Other Phone

_____ **AUTHORIZED TO PICK UP? Y☐ N☐** _____
Complete address (please include city, state & zip) RELATIONSHIP

CONTACT #2: _____, _____ _____ _____
LAST FIRST Phone Other Phone

_____ **AUTHORIZED TO PICK UP? Y☐ N☐** _____
Complete address (please include city, state & zip) RELATIONSHIP

OTHERS AUTHORIZED TO PICK UP

1. _____ _____
(Full Name- ID will be required in the office before pick up) RELATIONSHIP
2. _____ _____
(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

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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.

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 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 diagnosed with a Learning Disability, Speech/Language Therapy, ADD/ADHD, ESL, ASD or any other special concerns? ☐ Yes ☐ No
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 application.

♦ 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.

Please tell us a little about your child

_____

_____

I understand that any academic, IEP, 504 Plan, medical, physical or psychological documentation/ concerns 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

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: _____ _____
Name of Insurance Company Policy Number

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 Exposed? _____

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 RYAN to 76626.

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.

After Care only- 100.00 Before/After- 175.00

Ryan Academy 2026-2027 Tuition Rates

2026-2027 Tuition	Full Tuition	Annual Pay 2% discount	10 Month Aug. - May
Payment Plan Fee			$50.00
Book/Technology Fee	$500.00	$500.00	$500.00
Grades K-8	$7465.00	$7315.00	$746.50

20% second child discount/25% third child discount/ 5% military discount (only ONE discount per family)

Before Care only- 100.00 After Care only- 100.00 Before/After- 175.00

Ryan Academy Uniform

Policy Ryan Academy has a mandatory uniform policy. All students are required to wear his/her uniform every school day throughout the year, other than the designated dress down days. This uniform policy was adopted in order to ensure that our students' education is conducted in an environment where safety risks, disruptions and distractions are minimized.

Uniforms may be ordered through Darter Schools at http://www.darterschools.com/ryanacademy

The dress code is as follows:

Grades K to 8: All: Ryan Academy burgundy polo with school logo (long or short sleeved) (available only through Darter Schools).

Boys: Khaki dress slacks or khaki walking shorts, Solid crew length socks

Girls: Khaki dress slacks, walking shorts, skort, jumper or skirt (may not exceed 4 inches above the knee), Solid crew length socks, knee socks, or tights

Optional: Ryan Academy burgundy or black fleece with school logo (available only through Darter Schools).

BUILDING BLOCKS BEFORE AND AFTER CARE PROGRAM

TUITION FEE SCHEDULE (2026-2027)

Hours of Operation 6 a.m. – 6 p.m.

**Individual School Out Days- Daily Fee

**School Vacation Week (3 Days or More): Weekly Fee

Building Blocks Preschool provides the before and after care for Ryan Academy and is a separate company. All payments must be paid separately throw the front office and is in addition to your tuition for Ryan Academy. This is for care during the school year. Please note that this does not guarantee your space for summer camp, and you must sign up through Building Blocks Preschool beginning the last day of school.

PAYMENT OPTIONS

_____ Before Care Only 6:00 a.m.- 8:30 a.m. $100.00 monthly

_____ After Care Only 3:15 p.m.- 6:00 p.m. $100.00 monthly

_____ Before AND Aftercare $175.00 monthly

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 care 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 caring for your child.

_____ All children attending School Out Days MUST sign up for care (posted at front office). Once your child is signed up, you will be charged a set fee per day.

All children attending Building Blocks Before/Aftercare receive a Breakfast and P.M. Snack and MUST complete the USDA form in this packet. A menu is posted on the Building Blocks Preschool website www.buildingblocksnorfolkva.com.

_____ _____

Signature of parent Date

*__For Kindergarten ONLY__: Lunch is provided M-TH at no cost. __Grades 1-8__: Lunch is available for purchase at a rate of $2.50 for Monday through Thursday. Friday will be a pack-a-lunch day for all students.

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 things 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:
(Parent's Name) (SSN)

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 handed 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 locker at all times (Gr K-2).

_____ You must walk your child to his/her classroom or to the gym. 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 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. Students that arrive before 8:15 a.m. or that are picked up after 3:20 p.m. will be charged the monthly daycare fee.

_____ 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

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. Field trips will be conducted within the Commonwealth of Virginia unless specific arrangements are made. Parents and guardians are welcome to volunteer as chaperones. Parents will be notified in advance of the date, time, and nature of field trips, as well as necessary costs and materials. 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. Ryan Academy/Building Blocks Preschool are not liable for any injuries, sickness, accidents, and natural disasters that may occur while on field trips off school grounds. 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. All students that are at school on the day of the field trip will be taken on the field trip. There are no staff that will be available to supervise children at school. Field trips are not optional; they are integral to the learning process. If a student must miss a field trip, that student will receive an assignment designed to acquaint them with the skills / knowledge that students on the trip will gather. The assignment will be due on the day following the field trip. All staff will review safety rules and precautions prior to EVERY field trip to ensure the safe return and enjoyment of all field trips.

I, _____ do hereby agree that my child, _____, is permitted to go on any field trip
(Parent's Name) (Child's Name)
BBPS/Ryan 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 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.

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
844 Jerome Ave, Norfolk Va 23518
"Respect, Responsibility, Resourcefulness"
Tel (757) 583-6389

Release of Records Request

To: Current or Most Recent School

Name of School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Dear Sir/Madam:

The student named below is being considered for enrollment in grade ____ at Ryan Academy of Norfolk. We request that you please send a copy of all the following school records to Ryan Academy. Your timely response to this request is appreciated as the student's application depends on this information. Thank You in advance for your assistance.

- Report Cards for Grades K through current placement.
- Standardized Test Scores for all grades available.
- Attendance Records for all grades available.
- Any referrals for evaluation, IEP's and/or any other information regarding special education needs or services for the educationally challenged/gifted child
- Discipline Referrals or Discipline Action records
- Immunization and School Physical Records

Please EMAIL to frontoffice@ryanacademy.org or MAIL this information to: Ryan Academy, 844 Jerome Ave, Norfolk, VA 23518.

RE: Student: _____ Date of Birth: _____

I authorize the above named educational institution to release the requested records to Ryan Academy of Norfolk. I waive my right to access this form.

I certify that I am a custodial parent or legal guardian for the minor child named above and have legal authority to grant the release of records so authorized by my signature below.

Signed this _____ day of _____, 20_____

Parent/Legal Guardian: _____