



SPYRJA ACADEMY
— VIST - HREYSTI - VEGR —

Enrollment Form

STUDENT INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH

CURRENT AGE

CURRENT GRADE (IF APPLICABLE)

ALLERGIES/SPECIAL DIETS

MEDICAL OR MEDICATION NEEDS

PRIMARY CARE PROVIDER

HEALTH INSURANCE PROVIDER

HEALTH INSURANCE POLICY #

- By checking this box, I authorize the staff of **Spyrja Academy**, who are trained in the basics of first aid/CPR, to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached and a delay would be dangerous to the health of my child, I hereby authorize the program to transport my child to a medical care facility and to secure necessary medical treatment for my child, including, but not limited to, an epinephrine auto-injection for suspected exposure to a life-threatening allergen.

ENROLLMENT INFORMATION

PREFERRED ENROLLMENT PLAN

FULL INSTRUCTION (\$11,500/YR) PART TIME (\$6750/YR) A LA CARTE (\$400/COURSE)

COURSE FOR CREDIT (\$600/COURSE) FRIDAYS ONLY (\$2100/YR)

PREFERRED DAY(S)

MONDAY TUESDAY WEDNESDAY
 THURSDAY FRIDAY

PREFERRED PAYMENT PLAN

MONTHLY QUARTERLY ANNUALLY

PLEASE DESCRIBE YOUR CHILD'S LEARNING STRENGTHS, CHALLENGES, FOOD ALLERGIES, AND/OR SPECIAL NEEDS.

PLEASE DESCRIBE YOUR CHILD'S INTERESTS AND EXTRACURRICULAR ACTIVITIES.

PARENT/GUARDIAN 1 INFORMATION

FIRST NAME

LAST NAME

RELATION

EMAIL

CELL PHONE NUMBER

HOME ADDRESS (STREET, CITY, ZIP)

PARENT/GUARDIAN 2 INFORMATION

FIRST NAME

LAST NAME

RELATION

EMAIL

CELL PHONE NUMBER

HOME ADDRESS (STREET, CITY, ZIP)

EMERGENCY CONTACT INFORMATION

FIRST NAME

LAST NAME

RELATION

EMAIL

CELL PHONE NUMBER

AUTHORIZED PICKUP INFORMATION

----- FIRST NAME	----- LAST NAME	----- RELATION
----- FIRST NAME	----- LAST NAME	----- RELATION
----- FIRST NAME	----- LAST NAME	----- RELATION
----- FIRST NAME	----- LAST NAME	----- RELATION

MISSION STATEMENT

Spyrja is an Old Norse word meaning *to ask; learn*. Spyrja is driven by the philosophy that every child learns best through a combination of didactic and hands-on approaches to education; that learning doesn't occur in a vacuum; and that true mastery occurs only when learners have a chance to connect new ideas to their existing world views. We strive to align instruction to our children's learning continua.

HOURS OF OPERATION AND CALENDAR

Spyrja Academy is open Monday through Thursday from 7:30 AM to 4:20 PM, and Friday from 8:00 AM to 2:25 PM, consistent with the academic calendar listed on the Spyrja Academy website. Students are not permitted to remain at Spyrja Academy after 4:30 PM Monday through Thursday or 2:30 PM on Fridays. On Fridays, learners and staff may be at a community organized event. Parents are responsible for picking their children up at the event when the event is concluded. Spyrja Academy is not responsible for the care or supervision of students beyond program closing time.

Spyrja Academy's calendar can be accessed here: <https://sanewbraunfels.org/school-profile>.

AUTHORIZATION TO WALK/BIKE/DRIVE HOME

If you would like to authorize your child to be released from Spyrja Academy premises without authorized adult supervision, please select the approved methods of transportation and designated areas below. Please note that this authorization grants permission for this child to leave Spyrja Academy without adult supervision. If permission is granted, Spyrja Academy is not responsible for your child once they leave Spyrja Academy premises.

- My child may walk/bike to the designated area(s) below.
- My child may drive their own or a family vehicle to the designated area(s) below.
- My child is NOT authorized to be released from Spyrja Academy premises without authorized adult supervision.



SUSPENSION AND TERMINATION

Definitions

Expulsion - terminating enrollment of a child or family in the regular group setting because of a challenging behavior or a health condition.

Suspension - all other reductions in the amount of time a child may be in attendance of the regular group setting, either by requiring the child to cease attendance for a particular period of time or reducing the number of days or amount of time that a child may attend.

Spyrja Academy reserves the right to suspend or terminate any student from its program, in its sole discretion. Some reasons a student may be discharged include misconduct, inappropriate behavior by either the student or a family member, any behavior by either the student or family that violates any Spyrja Academy policy, and non-payment. Should a student be involuntarily discharged or expelled from the program, the family forfeits all payments for tuition.

Families have the right to appeal an expulsion so long as both Spyrja Academy and the family agree on terms for reenrollment. The length of time of suspension will depend on severity of offense, and multiple suspensions may warrant an expulsion.

Guidance for prevention of expulsion and suspension:

In an effort to prevent expulsion and suspension of children, Spyrja Academy shall adopt the following, in policy and practice and in a consistent and non – discriminatory manner:

- Use developmentally appropriate practices that provide for stimulating and interactive learning environments, diversity, age appropriate expectations, small group activities, teachable moments and knowledge of research based evidence and best practices in child development, early learning and education.
- Invest in professional development, training and education to ensure educators have the competencies to support children’s social and emotional health.
- Develop and implement classroom schedules that meet the needs of the children.
- Adapt learning environments to promote healthy social interactions with others.
- Develop healthy and nurturing relationships with children.
- Develop strong partnerships and relationships with parents.
- Develop and implement classroom expectations that are developmentally appropriate, clear and consistent.
- Provide family engagement opportunities.
- Ensure fairness and equity.

Other Options Prior to Expulsion

Prior to the expulsion of any child from Spyrja Academy, the staff and director will follow these guidelines:

- Identify and engage mental and behavioral health consultants and community resources after obtaining parent permission.
- Reduce the number of days or amount of time in care for a specified amount of time.
- Conference with parents to discuss positive behavior interventions and development of goals.
- Document efforts to prevent and reduce expulsion.
- Provide reasonable accommodations.

Transition Procedures

If an expulsion must occur, Spyrja Academy will assist the child and family in transitioning to another program by identifying and engaging mental / behavioral health consultants and community resources to assist in determining the most appropriate placement for the child.

CONSENT FOR OBSERVATION OF STUDENTS

I understand that from time to time, third parties who are neither program staff nor parents of other students may visit Spyrja Academy while my child is there and observe my child, without interacting with my child and without my child being identified to such third parties. I understand that there are benefits to allowing such observations. For example, this allows members of the community, such as prospective students and their families, to learn about the program and tour the facility. It also allows the program to interact with prospective community partners which may provide services to the program. By signing below, I give my general informed consent to allow this type of non-interactive, de-identified observation of my child.

I also understand that certain third parties may not only observe my child in a de-identified fashion at the learning center, but also interact with my child and learn information about my child, such as his/her/their name. I understand that these third parties include organizations and community partners that provide enrichment services to students through Spyrja Academy. By signing below, I give my specific informed consent to allow this type of interactive, identifiable observation of my child.

MEDIA RELEASE

By signing below, I represent and acknowledge that I am the parent or legal guardian of the student identified above ("Student") with legal authority to agree to the terms and conditions of this Media Release. By signing below, I give Spyrja Academy, and any individual or entity acting for or on behalf of Spyrja Academy, permission to take and to use the Student's photograph, video, audio recordings, or other testimonials of the Student and/or the Student's name, image, voice or likeness (collectively, the "Materials") for Spyrja Academy's website, social media (Twitter, Facebook, LinkedIn, Instagram, etc.), video presentations, press releases, articles, brochures, newsletters, audio-visual presentations, websites and other educational, marketing, or promotional materials (collectively, "Marketing"). Spyrja Academy shall be the sole owner of the Materials, free from any rights and permission by me or the Student, with the right to publish or otherwise use or disclose the Materials, and neither I nor the Student will have any right to compensation, notification, or review in connection with Spyrja Academy's use or disclosure of the Materials.

I hereby agree to release and hold harmless Spyryja Academy and its affiliates, and its employees, agents, assigns and successors from all demands, actions, causes of action, suits, damages, claims and liabilities, of every name and nature, both in law and in equity, including, without limitation, any claims for defamation or invasion of privacy under state and/or federal laws, in any way related to the taking, use or distribution of any such photographs as defined and described above. This consent is voluntary. To opt out of this media release, please email Spyryja Academy.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY REGARDING COVID-19

I understand that on January 31, 2020, the United States Department of Health and Human Services announced that a public health emergency (“PHE”) exists and has existed since January 27, 2020 as a result of the Novel Coronavirus 2019 (“COVID-19”), and that the PHE has since been repeatedly extended, most recently on April 21, 2021. I understand that this determination that a PHE exists is valid for 90 days and is not intended to terminate until at least July 21, 2021. Likewise, I understand that on March 11, 2020, the World Health Organization (“WHO”) declared a pandemic given the “alarming levels of spread and severity” of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes the disease, COVID-19. WHO Director General Tedros Adhanom Ghebreyesus, Opening Remarks at the Media Briefing on COVID-19 (Mar. 11, 2020). I understand that an individual can be infected with the virus and contract COVID-19 without his or her knowledge and can be asymptomatic.

Notwithstanding the foregoing, I would like the Student to participate in an in-person program offered by Spyryja Academy. I understand that this participation is voluntary, and I make this decision for the Student to participate notwithstanding the uncertainty and health risks posed by COVID-19. I understand that the health risks posed by COVID-19 vary from person to person, and that I am urged to consult appropriate guidance – including, without limitation, the following publications from the Centers for Disease Control (“CDC”) and, if appropriate, a healthcare professional – to determine my level of risk: People At Increased Risk (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>).

I make this decision with a full understanding that Spyryja Academy does not have the ability to fully control the conditions under which the Student will participate in the in-person program, in light of the fact that it will occur in leased space, around which other organizations may operate.

By signing below, I certify that I have been fully informed of and understand the risks associated with participating in the in-person program, including but not limited to the risks of contracting COVID-19 and the possibility of resulting illness or even death. Notwithstanding these risks, I would like and authorize the Student to participate in the program in an in-person capacity. I hereby voluntarily assume all responsibility for, and all risk of damage, illness, injury or death that may occur as a result of the Student’s in-person participation in the Spyryja Academy program.

By signing below, I also, on my own behalf and behalf of the Student, and on behalf of my and the Student’s successors and assigns, heirs, next of kin, executors, administrators, and agents, hereby release, remise, and forever discharge Spyryja Academy, including its officers, incorporators, directors, attorneys, agents and employees (collectively “Releases”), of and from all debts, demands, actions, causes of action, suits, dues, sums and sums of money, accounts, reckonings, bonds, specialties, covenants, contracts, controversies,

agreements, promises, doings, omissions, variances, damages, executions and liabilities and any and all other claims of every kind, nature and description whatsoever, both in LAW and EQUITY, which against the Releases or their heirs, executors, administrators, successors or assigns, I or the Student or my or the Student's predecessors, successors or assigns may have against them, present or future, whether known or unknown, anticipated or unanticipated, on account of, by reason of, or resulting from or arising out of the Student's participation in the Spyryja Academy program in an in-person capacity.

I agree that if any provision of this Assumption of Risk and Waiver of Liability (the "Agreement") or the application thereof is held invalid, the invalidity shall not affect the other provisions or applications of the Agreement, which can be given effect without the invalid provisions or application and, to this end, the provisions of this Agreement are declared severable. I represent and acknowledge that I am the parent or legal guardian of the Student with legal authority to agree to the terms and conditions of this Agreement.

AUTHORIZATION

By signing below, I represent and acknowledge that I am the parent or legal guardian of the student identified above ("Student") with legal authority to agree to the terms and conditions of this Authorization. I consent to the Student's participation in the program operated by Spyryja Academy, including his/her attendance at Spyryja Academy. To ensure that Spyryja Academy is fully equipped to support Student, I agree to share Student's academic data, including but not limited to: academic programs, curriculum, and gradebooks. I authorize Student's school or academic program to share any academic data with Spyryja Academy.

I forever release, acquit, discharge, and covenant to hold harmless Spyryja Academy and its agents, employees, officers, directors, successors, and assigns of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses, and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now have or may hereafter have that result from or relate to the Student's participation in the Spyryja Academy program or engagement in related activities unless such injury, loss, or damage is due to the gross negligence of Spyryja Academy. "Related activities" include but are not limited to activities sponsored by, carried out by, or otherwise involving Spyryja Academy or a related third-party, such as after-hour or weekend program events, field trips, excursions, and community service activities. Notwithstanding anything contained in this Authorization to the contrary, no personal liability shall accrue against any individual officer, director, member, partner, fiduciary, employee, agent or representative of Spyryja Academy, or any heir, personal representative, successor or assign of the foregoing with respect to any matters arising under this Authorization.

I assume liability for and shall indemnify and hold harmless Spyryja Academy from and against any and all losses, damages, penalties, liabilities, claims, actions, suits, costs, and expenses, including reasonable attorney's fees, whether in law or in equity, of any kind or nature whatsoever, imposed upon, incurred by, or asserted against Spyryja Academy in any way directly or indirectly relating to or arising out of any negligent or other wrongful act or omission of the Student. The provisions of this paragraph shall survive the termination of Student's participation in the Spyryja Academy program.

In signing this Authorization, I acknowledge and represent that I have read the foregoing Authorization, understand it, and sign it voluntarily. I execute this Authorization for full, adequate, and complete consideration. I understand that I am permanently giving up rights, including, but not limited to, my right to sue. I hereby assert that my participation is voluntary and that I knowingly assume all risks. I have carefully read this agreement, have carefully considered it, and attest that I fully understand and knowingly and voluntarily accept its terms in their entirety and without reservation, including the release of all known and unknown claims.

AGREEMENT

By signing below, I acknowledge that this Agreement is between Spyryja Academy and the undersigned Parent/Guardian to enroll Student at Spyryja Academy. The parties agree that this agreement may be electronically signed and agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity and admissibility.

FAMILY HANDBOOK

Please click here {INSERT LINK} to view the Family Handbook.

I acknowledge that I have received, reviewed, understand, and agree to comply with the policies set forth in the Spyryja Academy Student & Family Handbook, including, but not limited to, Spyryja Academy's Code of Conduct. I acknowledge that I have reviewed Spyryja Academy's conduct expectations with my child who will be participating in the Spyryja Academy program, and that my child understands and agrees to abide by those expectations.

PARENT/GUARDIAN SIGNATURE

DATE