

Viking Village Afterschool Program 2022-2023

FCBOE Employee YES NO

Student's Name:

1. _____ Grade: _____ Birthday: _____
2. _____ Grade: _____ Birthday: _____
3. _____ Grade: _____ Birthday: _____

Family Street Address _____
City _____ Zip Code _____

Parent's Name: _____ Email: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Parent's Name: _____ Email: _____

Home Phone: _____ Cell: _____ Work Phone: _____

List any special information about your child(ren) (allergies, diet, medical information, etc.)

In case of emergency contact (**other than parent**):

Name	Relationship	Phone Number(s)
_____	_____	_____
_____	_____	_____

The following people (**other than parent**) may pick up my child(ren) from the Afterschool Program: Picture ID is required!

Name	Relationship	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Behavior Guidelines

Viking Village strives to provide an atmosphere conducive to the safety and well-being of all participants and staff. This program operates under the same Code of Conduct as Vickery Creek Elementary and Forsyth County Schools.

Parent/Guardian Signature _____

Date _____

Enrollment / Payment Information

Registration Fee (**non-refundable**): \$50.00 per child and \$25.00 for each additional child

For tuition payment we accept Bank Transfers (direct debit), checks and cash. **Please be aware there will be a 60 cent fee per transaction** (on bank transfer). Any checks written should be made payable to VCES and should include the child's name. Return checks will go through an electronic collection agency to collect any insufficient funds. **A late fee of \$35 will be assessed if account is not paid in full by the 15th of the current month.** Any student whose account has gone unpaid for one month, will be dismissed from the program until the balance is paid in full.

Please complete the Pre-Authorized Direct Debit (PAD) Plan agreement below.

I authorize / do not authorize Vickery Creek Elementary, and the financial institution designated (or any other financial institution I may authorize at any time) to withdraw funds from my bank account.

Name on Account: _____ Type of Account: Personal Business

Financial Institution (FI): _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Routing Number: _____

As of the 2022-2023 school year, we are asking you to commit to full time or part time enrollment. For billing and staffing purposes, we do not allow switching from one to another. Also, **please note that you will be billed regardless of your child's attendance** (no exceptions).

My child(ren) will attend FULL TIME After School Program (4 – 5 days per week)
(\$70.00/week 1st child + \$60.00 each additional)

_____ My child (ren) will attend PART TIME After School Program (3 days per week or less)
(\$50.00/week 1st child + \$40.00 each additional)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

I would like for my child to participate in structured homework. **There will always be reading time.**
(There is no guarantee that all homework will be completed but will do our best)

YES NO

Pick Up Procedures

Viking Village operates ONLY on days in which school is in session. Service is not offered on student holidays, September 23rd, December 20th, March 31st, or during the summer months. We will close at 3:00pm on the last day of school, May 25th. IF THE SCHOOL CLOSES DUE TO WEATHER OR ANY OTHER UNFORSEEN REASONS, TIME WILL NOT PERMIT EACH PARENT TO BE NOTIFIED. ALL AFTER SCHOOL PROGRAM PARTICIPANTS WILL BE SENT HOME IN THE MANNER IN WHICH YOU HAVE INSTRUCTED THEIR TEACHERS.

Please Note: A \$4.00 per minute per child will be assessed for any Viking Village Afterschool member that remains after 6:00pm based on the school clock. Charges will be added to your statement.

I have read, understand and accept the policies and procedures concerning payments, late pick-up fees, and discipline as they pertain to my child's participation in the Afterschool Program. In addition, I grant permission for the staff to authorize emergency medical treatment from a Licensed Physician in circumstances that warrant such treatment.

Parent/Guardian Signature

Date