

Welcome to the
North Dearborn Elementary
Viking Village After School Care Program

27650 Sawmill Road, West Harrison, IN 47060
Phone: 812-576-1900

The **Viking Village** is operated at North Dearborn Elementary and serves our families with children in grades K-5 either full-time or part-time. We provide an affordable, safe, and enjoyable child care experience for your child. The Viking Village follows the school calendar and operates on days when school is in session. **Hours of operation are from end of day dismissal until 6:30pm.** Your child will be cared for by a well-qualified staff member who is committed to providing a warm, safe, and supportive environment.

A small snack is served each day but you are encouraged to pack your student a healthy after-school snack. Children will participate in a variety of age-appropriate activities including games, arts, crafts, movies, playground time and gym time. Students are also welcome to work on homework assignments, read or study.

The cost of the program is **\$10 per session of care.**
A \$10 discount for full week (5 days M-F) of care and siblings will be granted. You will receive a weekly invoice, typically on Monday, for the previous week that will be sent home with your child. We require you to make timely payments and if you fall behind on payments your child will be temporarily withdrawn from the program until the account is paid in full.

There will be a \$20 service fee assessed for all returned checks.



Viking Village Permission and Consent Form

I hereby grant permission for my child to use all the equipment and participate in all of the activities of Viking Village.

I hereby grant permission for my child to be included in videos and pictures connected with Viking Village.

Parent/Guardian Signature

Date

Director's Signature

Enrollment Date

Viking Village Tuition Agreement

As a Viking Village parent/guardian, I agree to make my tuition payment each week for the previous weeks' schedule. I understand that if I fall behind on my payment, my child(ren) will be temporarily withdrawn from the program, until my account is paid in full.

I understand that tuition is based on the following schedule:

\$10 per session of care

\$10 discount for Full Week Care & for Siblings (A "full week" is M-F, five consecutive days)

A \$20 service fee is assessed for all checks returned for insufficient funds. I understand that tuition payments will be made by exact cash or check made payable to NDES.

Parent/Guardian Signature

Date

Viking Village After School Care Registration

Child's Name: _____
Last name First Name Middle Initial

Child's Home Address: _____
Street Address

City/State/Zip

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name: _____ Relationship to Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian #2 Name: _____ Relationship to Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION

Emergency contacts are people who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you.

Emergency Contact #1 Name: _____

Relationship to Child: _____ Phone: _____

Emergency Contact #2 Name: _____

Relationship to Child: _____ Phone: _____

Emergency Contact #3 Name: _____

Relationship to Child: _____ Phone: _____

PERMISSION TO RELEASE

In the event that the parent or guardian is unable to pick up the child, the following people can pick up my child:

Name: _____

Name: _____

Name: _____

DO NOT RELEASE INFORMATION

Please list anyone who is **NOT** allowed to pick up your child:

Name: _____

Name: _____

Name: _____

It is very important that if you have changes to this information that you give that information to the Director of the Viking Village. In some cases the person picking up your child may be asked to present ID for verification.

ALLERGIES, SPECIAL HEALTH, MEDICAL CONDITIONS

Does your child have any food, medication or environmental allergies? **Y** or **N**

If yes, please explain _____

Does your child have a special health or medical condition? **Y** or **N**

If yes, please explain _____

Does your child have any dietary restrictions? **Y** or **N**

If yes, please explain _____

DAYS OF THE WEEK CHILD WILL ATTEND VIKING VILLAGE (Circle all that apply)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY