



Viking Village Form Instructions

1. Fill in the light blue form fields with your information.
2. Once the form is complete, download/save the form to your computer.
3. Attach the form in an email to Misty Sprayberry.

msprayberry@forsyth.k12.ga.us

Viking Village Afterschool Program 2025-2026

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)
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Name	Relationship	Phone Number(s)
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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)
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Name	Relationship	Phone Number(s)
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Name	Relationship	Phone Number(s)
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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 use Bank Transfers (direct debit) only. **Please be aware there will be a 60 cent fee per transaction** (on bank transfer). **A late fee of \$40 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 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 for the sole purpose of paying tuition for the after school program.

Name on Account: _____ Type of Account: Personal ☐ Business ☐

Financial Institution (FI): _____

Bank Address: _____

City: _____ State: _____ Zip: _____

As of the 2024-2025 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, we do require a 2-week written notice for withdraws.** Please note that you will be billed regardless of your child's attendance (no exceptions), unless we have received your written notice of withdrawing

☐ My child(ren) will attend FULL TIME After School Program (4 – 5 days per week) (\$80.00/week 1st child + \$70.00 each additional)

☐ My child (ren) will attend PART TIME After School Program (3 days per week or less) (\$60.00/week 1st child + \$50.00 each additional). Please indicate the days below:

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Pick Up Procedures

Viking Village operates ONLY on days in which school is in session. Services will not be offered on student holidays, September 19th, November 21st, December 19th, April 3rd, May 22nd or during the summer months. 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 \$5.00 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 _____