

2020-2021 Viking Clubhouse & Viking Crew Enrollment Form



Grades 3K - 2nd



Grades 3rd - 5th

Weekly Rates:

	4 or 5 days per week	3 days per week	2 days per week
12:30 p.m. - 3:15 p.m.	\$ 61.50	\$ 43.80	\$ 30.80
3:00 p.m. - 6:00 p.m.	\$ 61.50	\$ 43.80	\$ 30.80
12:30 p.m. - 6:00 p.m.	\$ 122.50	\$ 87.00	\$ 60.60

Drop-in Rate is \$10/hour

- Charges are based on the number of days for which the student is registered.
- If your child needs care beyond the number of day for which they are registered, please notify enrichment@fpdmacon.org 24 hours in advance. Charges for that week will be adjusted to reflect the additional days.

Child's Name: _____

2020-2021 Grade: _____

Child's Name: _____

2020-2021 Grade: _____

Child's Name: _____

2020-2021 Grade: _____

Child's Name: _____

2020-2021 Grade: _____

parent information:

Parent's Name: _____

Parent Email Address: _____

Cell Phone: _____

Emergency Contact (not same as above): _____

Relationship to Child: _____ Cell Phone: _____

Allergies or Other Information: _____

By signing below, I agree to pay the designated monthly rate indicated above along with any related Late Pick-up fees if accrued for The Viking Crew or The Viking Clubhouse. These will be charged to my tuition account.

Parent's Signature: _____

First & Last Name on Tuition Account to be charged: _____

3K Only: Time

12:30 - 3:15 12:30 - 6:00

All Grades:

Days Per Week*

5 4 3 2

*If you need to enroll your child(ren) in the Viking Clubhouse or Viking Crew for only select days, please email enrichment@fpdmacon.org for arrangements.



First Presbyterian Day School
After School Enrichment Programs
 Viking Clubhouse/ Viking Crew
 5671 Calvin Drive
 Macon, Georgia 31210
 (478) 477-6505 ext.164



The Enrichment Program at FPDS agrees to provide child care for _____.
 Child's Name

1. Before any medication is dispensed to my child, I will provide a written authorization using the facility's medical form, which includes: date, name of child, name of medication, prescription number (if any), dosage, date and specific time of day medication is to be given. Medication will be in the original container with my child's name marked on it.
2. I acknowledge it is my responsibility to provide transportation to and from the facility. My child will not be allowed to enter or leave the facility without being escorted by the parent (s), person authorized by the parent(s), or facility personnel.
3. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (phone numbers, work location, emergency contacts, child's physician, child's health, immunization records, etc.)
4. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
5. The Enrichment Programs at FPDS agrees to obtain written authorization from me before my child participates in field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
6. If my child is not on the lunch plan, I agree to provide a nutritional lunch that meets USDA requirements. I will label the lunch with my child's name.
7. Unless I indicate otherwise by a written note, I give permission for my child to participate in any walking field trip or activity. I understand that a notice of all walking field trips will be posted at the time of the event. The facility does not participate in off campus field trips, nor do we offer transportation.
8. The Enrichment Programs at FPDS encourages parent's participation in activities.
9. The facility agrees to advise parents of their child's progress, issues relating to the child's care and individual practices concerning the child's needs.
10. I acknowledge that the Enrichment Program and Preschool at FPDS is exempt from state licensing based on our accreditations, SAIS, AdvancED, ACSI and CESA. We comply with all applicable statutes and governmental regulations related to preschool/afterschool programs.
11. I acknowledge that the Enrichment Programs will only be open when school is in session with the exception of summer.
12. I have received a copy of and agree to abide by the current policies and procedures for the Enrichment Programs at First Presbyterian Day School.

Signed _____ Date _____
 Parent/Guardian

Signed _____ Date _____
 Administrator/Director