

# VIKING WATCH FAMILY ENROLLMENT PACKET



Please complete this packet and return with Payment.  
Your payment should include \$15.00 per child for registration fee  
and \$35.00 for 10 hours of after-school care.  
Please make checks payable to Sacred Heart School

LAST NAME: \_\_\_\_\_

## PICK UP INFORMATION

Only those listed below WILL BE authorized to pick up your child(ren)

Authorized to Pick-up: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Authorized to Pick-up: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Authorized to Pick-up: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Those NOT Authorized to pick up your child(ren)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OVER →

FAMILY NAME: \_\_\_\_\_  
SACRED HEART SCHOOL  
VIKING WATCH

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB \_\_\_\_\_  
Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB \_\_\_\_\_  
Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB \_\_\_\_\_  
Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone : \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Person with legal custody of child(ren): \_\_\_\_\_  
\*Must have a copy of custody papers included with these papers\*

EMERGENCY CONTACT INFORMATION (other than mom or dad)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Course of Action: \_\_\_\_\_

Medications needed during Viking Watch: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Student Name: \_\_\_\_\_

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Additional Information: \_\_\_\_\_

# Viking Watch

In order to assure that all parents clearly understand the procedures and policies of the Viking Watch Program, we ask that you read the parent handbook and check off the following important items.

- I have received and read the Viking Watch Handbook.
- I agree to pay a late fee of \$1 per minute, for every minute after 5:30pm. I understand that this fee is due at the time of pick-up.
- example, if I pick up my child(ren) at 3:31pm or 4:31pm, I will be charged for the next hour. We will use a cell phone to determine the time.
- I must walk into the Viking Watch room and sign my child(ren) out.
- Only the people I have indicated will be allowed to pick up my child(ren). I must notify the school office **before** 2:00pm if there are any changes.
- If school is dismissed early or cancelled for the day, Viking Watch will also be closed.
- No medications can be administered without written consent.
- If, after a reasonable period of time, it is found that a child is unable to adjust to the program, the program reserves the right to request withdrawal of the child.
- I agree to abide by these rules and the rules and regulations in the Viking Watch handbook.
- I understand that electronics are not to be used during VW.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date