

K-6 Viking Student Success Summer Learning Program 2018

July 30th - August 9th

Monday-Thursday 8:00-3:00pm

- There are no fees for this summer learning program
- Summer learning helps your child be more prepared for the upcoming school year



- This program will be held at Viking Elementary
- Free breakfast, lunch and snack are available
- Call Marie Cupkie at 218-863-5910 x5269 with questions about this summer learning program

Friends, Fun and Food!

Summer meals are available to all kids age 18 and younger at no cost.
To eat, just show up.



Viking Elementary Cafeteria
JUNE & AUGUST
Where? Pelican Rapids High School-JULY
Monday-Friday
When? May 29-August 31, 2018 *except July 4
Breakfast 7:45am-8:30am
What Time? Lunch 11:15am-12:30pm

Sponsor Name: Pelican Rapids Schools ISD #548
Telephone: 218-863-5910 ext. 5022

Food That's In... When School's Out!

The USDA is an equal opportunity provider and employer.

K-6 Viking Student Success Summer Learning 2018 Registration Form (one per child)

Child's Name _____ Grade Fall 2018 _____

Parent/Guardian Name _____

Phone (prefer cell) _____ Alternate Phone _____

Emergency Contact Name & Phone _____

Allergies or Health Problems? _____

My child will eat free breakfast ☐ yes ☐ no My child will eat free lunch ☐ yes ☐ no

How will your child arrive at VES?

☐ Will be dropped off ☐ Walking/biking ☐ Club Vikes

☐ Bus (in town students only) Pick up Location: ☐ Trailer Court ☐ Townhomes Other (WRITE ADDRESS HERE) _____

How will your child depart from VES?

☐ Parent picking up ☐ Walking/biking ☐ Club Vikes

☐ Friend/relative picking up Name: _____ Relationship: _____ Phone # _____

☐ Bus (in town students only) Drop off Location: ☐ Trailer Court ☐ Townhomes Other (WRITE ADDRESS HERE) _____

My child(ren) has my permission to participate in the summer activities checked above. This includes transportation to the off-site activities/field trips. I understand that as with participation in school activities, I, the undersigned will assume responsibility in the case of accidents, injury or lost or damaged personal items during the programs duration.

I give permission to use my child's photo in media (newsletters, school website, local newspaper, program Facebook page) for purposes of public awareness, education or recruitment. ____yes ____no

Parent/Guardian Signature: _____ Date: _____

Please return to the school by Thursday, May 24 or mail to B.Wontor, PO Box 642, Pelican Rapids, MN 56572