

VERTICAL EXTREME PARENT'S CONTRACT

This agreement, dated _____ day of _____, 20_____, entered into by and between VERTICAL EXTREME, AND _____, hereinafter called PARENTS.

Home Address: _____ City, State, Zip _____

Student(s)' Name	Birth Date MO / DAY / YEAR	Allergies, Conditions or Physical Challenges	Grade Entering	Gender

CHILD PICK-UP		
I / we authorize ONLY _____ (name)	_____ (address)	_____ (phone number)
and / or _____ (name)	_____ (address)	_____ (phone number)

to pick up my child when I am unavailable. If there are any changes, please notify Vertical Extreme in writing as soon as possible.

I / we consent to the following agreements concerning the care of my child(ren):

I / we authorize Vertical Extreme to take my child(ren) on walking trips, special excursions, and to nearby public park facilities. I / we also authorize the child to ride as a passenger in the vehicle owned or leased by Vertical Extreme as long as there is adequate supervision and safety precautions taken.

I / we will pay one week of care at the time of admission. After that, I will pay the prescribed weekly rate as described above on this contract, every Monday, one week in advance. I understand I may be charged \$25 interest if the amount is not paid in full by the last day of each month.

I understand that I am obligated to pay for the weeks for which I have signed up my children, even if they do not attend. Signing this form secures their spot for the designated weeks, and Vertical Extreme will not issue a credit if the child does not attend. I understand that Vertical Extreme does not charge a daily fee, but a weekly fee only.

I / we will be willing to consult with the Director of Vertical Extreme about the child's growth, development, behavior, etc., at a time to be arranged. When I wish to withdraw my child, I will notify Vertical Extreme two weeks in advance. I will try to be cooperative with Vertical Extreme in future plans and will bring any grievances to the Director immediately.

I/we understand and agree that the student(s) may be discharged from Vertical Extreme in the event that the directors and the Calvary Academy Administration agree that the dismissal of the student(s) is necessary in the best interest of Vertical Extreme, the student (s) or other members of the camp, and that this will not relieve the parents from obligation to pay Vertical Extreme for services rendered.

Vertical Extreme or other media has permission to photograph my child(ren) in group activity if they wish to do so for publicity reasons.

I understand Bible classes will be conducted during Vertical Extreme.

I understand that my activity fee is non-refundable under any circumstances. I also understand that I am required to pay for all registered weeks, even if my child does not attend.

Statement of Charges

Activity Fee On or Before May 24, 2013	Activity Fee On or After May 25, 2013	Weekly Charge	Total # of children attending	Total number of weeks attending	Total summer amount
\$125	\$150	\$145			

I understand all of the above charges and agree to make all payments on a timely basis. I also understand that if an agency that is supposed to pay on my account does not do so, I am fully responsible for the amount still owed. I agree to pay any amount that has not been paid in full by agencies dedicated to supporting parents with child care (This organizations can be but are not limited to: DCFS, Community Child Care Connection, Lutheran Family Services, State of Illinois agencies, etc). In the event a responsible party fails to make payments or perform the covenants herein received of responsible party, responsible party agrees to pay in addition received hereby all cost of collection including reasonable attorney fees and court cost incurred by the camp as a result thereof.

12. Community Child Care Connection Accounts Only

Yes No Will you be receiving assistance from Community Child Care Connection. If so, a copy of your current benefits must be returned with this contract. A change of provider form must be completed prior to starting date, or you will be responsible for the full weekly rate.

As a Community Child Care Connection client, I am responsible for paying my co-pay amount at the beginning of each month or week. I also understand and agree to pay any charges not covered by Community Child Care Connection (i.e. holidays not covered and charges above the amount approved by Community Child Care Connection.) I understand day care services will be discontinued if payment is not made within seven days of the due date.

These things have I / we agreed upon and will abide by them.

Child's Name: _____ Shirt Size: _____

Mother's Signature: _____

Date: _____

Father's Signature: _____

Approved by Vertical Extreme Director: _____

Legal Guardian: _____

Vertical Extreme Code: _____