

VERTICAL EXTREME

PARENTS' CONTRACT – Full Time

This Agreement, dated _____ day of _____, 20____, entered into by and between Vertical Extreme, hereinafter called VE, and _____, hereinafter called Parents.

Child(ren) Name(s)	Date of Birth	Gender	Grade Entering

I/We consent to the following agreements concerning the care of my child(ren).

- I/We authorize VE 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 VE 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/We will pay the prescribed weekly rate as described above on this contract, every Monday, one week in advance. I/We understand I/We may be charged \$10 interest if the amount is not paid in full by the last day of each week.**
- I/We understand that I/We are obligated to pay for the weeks for which I/We have registered my children for, even if they do not attend. Signing this form secures their spot for the designated weeks, and VE will not issue a credit if the child does not attend.
- I/We will be willing to consult with the Director of VE about the child's growth, development, behavior, etc., at a time to be arranged.
- If I/We wish to withdraw my child, I/We will notify VE two weeks in advance. I/We will be cooperative with VE in future plans and will bring any grievances to the VE Director immediately.
- I/We understand and agree that the student(s) may be discharged from VE 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 VE, the student(s) or other members of the camp. This will not relieve the parents from obligation to pay VE for services rendered.
- I/We understand Bible classes will be conducted during VE and my child(ren) will be required to attend Calvary's Vacation Bible School.
- **I/We understand that my activity fee is non-refundable under any circumstances. I/We also understand that I/We am required to pay for all registered weeks, even if my child does not attend.**
- I/We understand firearms are prohibited on the premises.

Statement of Charges

Activity Fee on or before May 13, 2022	Activity Fee after May 13, 2022	Weekly Charge	Total # of children attending	Total number of weeks attending	Total summer amount
\$170	\$180	\$174			

I/We understand all of the above charges and agree to make all payments on a timely basis. **I/We understand that if an agency that is supposed to pay on my account does not do so, I/We 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 (These 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.

Father/Guardian Name / Address / Zip	Work Phone	Home Phone Cell Phone
Mother/Guardian Name / Address / Zip	Work Phone	Home Phone Cell Phone
If parents are separated <input type="checkbox"/> or divorced <input type="checkbox"/> with whom does the child live?		
Child's Physician & Phone Number:		Phone
In case of emergency, contact:		Phone

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

Child's Name: _____

Mother's Signature: _____

Father's Signature: _____

Date: _____

Legal Guardian: _____

Vertical Extreme is not licensed or regulated by DCFS.

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 VE services will be discontinued if payment is not made within fourteen days of the due date.