

Vertical Extreme Weekly Sign Up/Info Sheet 2020—FULL TIME

Student(s) Name(s)	Birthdate	Allergies/conditions/ physical challenges	Grade entering	School your child attends	Gender	Start date

Mark an "X" for weeks attending VE	Week	Cost per child per week	# of children attending this week	Comments
	June 1 - June 5	\$155		
	June 8 - June 12	\$155		
	June 15 - June 19	\$155		
	June 22 - June 26	\$155		
	June 29 - July 2	\$155		VE closed for July 3
	July 6 - July 10	\$155		VBS
	July 13 - July 17	\$155		
	July 20 - July 24	\$155		
	July 27 - July 31	\$155		
	August 3 - August 7	\$155		
Total charges		\$		

My child(ren) will attend VE on the weeks listed below. I understand that I am obligated to pay for the weeks that I have signed my child(ren) up for even if they do not attend. Signing this form secures their spot for the designated week and VE will not issue a credit if my child(ren) do not attend.

I understand that I can either pay in one lump or one week in advance each week.

Mother's signature _____ Father's signature _____

Date _____

Mother _____ work # _____ cell # _____ home # _____

Father _____ work # _____ cell # _____ home # _____

Emergency contact allowed to pick up your child and/or if either parents cannot be reached.

_____ Relationship _____ cell # _____ home # _____

_____ Relationship _____ cell # _____ home # _____

_____ Consent for treatment in case of emergency by VE staff and/or emergency personnel.

Physician's name _____ Preferred Hospital _____

Permission to administer aspirin-free acetaminophen

_____ I give the VE staff permission to administer aspirin-free acetaminophen to my child.

_____ I do not give the VE staff permission to administer aspirin-free acetaminophen to my child.

Amount to be given. Children's chewable _____ Adult regular strength _____

Has your child ever been diagnosed with Autism, ADD, ADHD, a learning disability, psychiatric disorder, or any other condition that our staff should be aware of? _____

Prescription medication will only be administered if in a prescription bottle with the pharmacy label attached and name specified.