

# Vertical Extreme Weekly Sign Up/Info Sheet 2020 - **PART 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 day	# of children attending / circle days	Cost per child per week	# of children attending this week	Comments
	June 1 - June 5	\$42	M T W T F			
	June 8 - June 12	\$42	M T W T F			
	June 15 - June 19	\$42	M T W T F			
	June 22 - June 26	\$42	M T W T F			
	June 29 - July 2	\$42	M T W T			VE closed for July 3
	July 6 - July 10	\$42	M T W T F			VBS
	July 13 - July 17	\$42	M T W T F			
	July 20 - July 24	\$42	M T W T F			
	July 27 - July 31	\$42	M T W T F			
	August 3 - August 7	\$42	M T W T F			
	<b>Total charges</b>	\$	M T W T F	\$		

My child(ren) will attend VE on the days listed above. I understand that I am obligated to pay for the days 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 sum or one week in advance each week. Payment is due the first day of attendance each week.

Parent/Guardian signature \_\_\_\_\_ Parent/Guardian 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.