

Vertical Extreme Weekly Sign Up/Info Sheet 2022—**FULL TIME**

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

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

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? _____

Mark an "X" for weeks attending VE	Week	Cost per child per week	# of children attending this week	Comments
	June 6 - June 10	\$174		
	June 13 - June 17	\$174		
	June 20 - June 24	\$174		
	June 27 - July 1	\$174		
	July 5 - July 8	\$174		VE closed - July 4
	July 11 - July 15	\$174		VBS
	July 18 - July 22	\$174		
	July 25 - July 29	\$174		
	August 1 - August 5	\$174		
	August 8 - August 12	\$174		
TOTAL CHARGES		\$		

My child(ren) will attend VE on the weeks listed above. 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 _____