

# 2025 VERTICAL EXTREME

## PARENTS' CONTRACT

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, 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 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 if 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 the 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 12, 2025	Activity Fee after May 12, 2025	Weekly Charge
\$190	\$225	\$190

I/We understand the above charges and agree to make all payments on time. **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 the responsible party, the responsible party agrees to pay in addition to all costs of collection, including reasonable attorney fees and court costs incurred by the camp as a result thereof.

### Please initial each:

\_\_\_ I have read the VE Handbook (linked above) and agree to abide by the VE Camp policies. Failure to abide by the policies could result in immediate termination of care for my child.

\_\_\_ I have read, understand, and agree with the VE Parent Contract (linked above).

\_\_\_ I have reviewed the Camper Conduct & Consequences found in the VE handbook with my child.

Will you be receiving assistance from Community Child Care Connection? \_\_\_ Yes \_\_\_ No

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

\_\_\_ We understand that Vertical Extreme reserves the right to cancel the registration of any student at any time for reasons of deficiency in unsatisfactory conduct or any other just cause.

**Photo Release Form**

I authorize Vertical Extreme and any representative of VE to publish photos of the minor child listed in this agreement for use on the VE website and any other promotional or advertising material created for VE. I acknowledge that participation on the website and in other promotional or advertising materials produced by VE confers no rights of ownership whatsoever and am aware I am not entitled to any compensation. Since anyone can download an image from the Internet or make copies from printed materials, I agree that VE is not responsible for unauthorized use of the images. I release VE and its representatives and its employees from liability for any claims by me or any third party in connection with the minor child.

I release VE from any expectation of confidentiality of my minor child and attest that I am the parent or legal guardian of the child listed above.

I do not authorize VE to publish photos of my minor child.

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

Child's Name: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vertical Extreme is not licensed or regulated by DCFS.

**Community Child Care Connection Accounts Only**

If you be receiving assistance from Community Child Care Connection, 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.