



# Vertical Extreme

Dear Parents,

We are pleased you have indicated an interest in Vertical Extreme.

Enclosed is the enrollment packet for Vertical Extreme. Please complete all forms, sign, and return all fees as soon as possible to ensure a spot in the camp.

Summer calendars will be available online and in the Academy Office once all field trips are confirmed.

If you have any additional questions, please contact the Calvary Academy Office at 217-546-5987 for assistance.

We look forward to a great summer!

Mrs. Becky England  
Vertical Extreme Director



# **2022 Vertical Extreme Dates**

**Beginning Date - Monday, June 6, 2022**

**Ending Date - Friday, August 12, 2022**

**VE will be closed on Monday, July 4, 2022**

**Vertical Extreme**

Calvary Academy  
1730 West Jefferson St.  
Springfield, IL 62702  
217.546.5987  
[verticalextrême.org](http://verticalextrême.org)

# VERTICAL EXTREME CHECKLIST – **FULL TIME**

- Completed Vertical Extreme Contract.
- Completed Vertical Extreme Weekly Sign Up/Info Sheet (One copy will be returned to you. **Registration will not be granted unless this form is filled out completely**)
- Signed VE Handbook page.
- Photo Release Form.
- Ergadoozy Waiver (must be completed yearly & even if Ergadoozy has one on file).
- Completed Free & Reduced Lunch Application for those who qualify.
- Non-Refundable Activity Fee (Must be paid before starting camp)  
\$170 on or before May 13, 2022  
\$180 after May 13, 2022
- First week fee of \$174 (**This is required even if another agency is paying for the camper.**)

If you have any questions, please contact Vertical Extreme at 546-5987.

Please return all forms to:  
Vertical Extreme  
1730 W. Jefferson St.  
Springfield, IL 62702

# 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.

# 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		
	<b>TOTAL CHARGES</b>	<b>\$</b>		

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 \_\_\_\_\_

# VERTICAL EXTREME CHECKLIST – **PART TIME**

- Completed Vertical Extreme Contract.
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- Signed VE Handbook page.
- Photo Release Form.
- Ergadoozy Waiver (must be completed yearly & even if Ergadoozy has one on file).
- Completed Free & Reduced Lunch Application for those who qualify.
- First week fee of \$49 per day/per student (**This is required even if another agency is paying for the camper.**)

**If you have any questions, please contact Vertical Extreme at 546-5987.**

Please return all forms to:  
Vertical Extreme  
1730 W. Jefferson St.  
Springfield, IL 62702

# VERTICAL EXTREME

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- 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 I/We am required to pay for all registered days/weeks, even if my child does not attend.**
- I/We understand firearms are prohibited on the premises.

### Statement of Charges

Daily charge	Weekly charge	Total # of children attending	Total # of days attending	Total number of weeks attending	Total summer amount
\$49	\$245				

I/We understand all of the above charges and agree to make all payments. **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.

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Father \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_ home # \_\_\_\_\_

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

\_\_\_\_\_ Relationship \_\_\_\_\_ cell # \_\_\_\_\_ home # \_\_\_\_\_

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\_\_\_\_\_ 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 day	# of children attending this week	Comments
	June 6 - June 10	\$49	M T W TH F	
	June 13 - June 17	\$49	M T W TH F	
	June 20 - June 24	\$49	M T W TH F	
	June 27 - July 1	\$49	M T W TH F	
	July 5 - July 8	\$49	T W TH F	VE closed - July 4
	July 11 - July 15	\$49	M T W TH F	VBS
	July 18 - July 22	\$49	M T W TH F	
	July 25 - July 29	\$49	M T W TH F	
	August 1 - August 5	\$49	M T W TH F	
	August 8 - August 12	\$49	M T W TH F	
	<b>TOTAL CHARGES</b>	<b>\$</b>		

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. Payment is due the first day of attendance each week.

Mother's signature \_\_\_\_\_

Father's signature \_\_\_\_\_

Date \_\_\_\_\_



# Vertical Extreme

## PHOTO RELEASE FORM

I authorize Vertical Extreme and any representative of VE to publish photos of the minor child listed below 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 listed below.

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

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Age of Minor

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Phone Number

By signing below I acknowledge I have read and understand the above information.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_ No I do not authorize VE to publish photos of the minor child listed.

*Childs name must be printed above.*

# ERGADOOZY WAIVER OF LIABILITY

A COMPLETED WAIVER IS REQUIRED TO PARTICIPATE AT ERGADOOZY.  
SORRY, NO EXCEPTIONS.

PLEASE PRINT

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

AGE	PARTICIPANT NAMES	AGE	PARTICIPANT NAMES
(____)	_____	(____)	_____
(____)	_____	(____)	_____
(____)	_____	(____)	_____
(____)	_____	(____)	_____

**Rules of the Ergadoozy**

- All guests under 18 years of age must be accompanied by a parent or guardian at least 18 years of age
- Each participant must remove shoes and wear socks
- Obey Ergadoozy Staff at all times
- No outside food, drinks or coolers
- No food or drinks on jungle climber or in gated play space
- On all slides, kids must slide feet first and, on their bottoms, **----- SLIDES CAN BE EXTREMELY FAST!**
- Ergadoozy reserves the right to ask any guests who do not follow the rules to leave
- No running, pushing, shoving, wrestling, or rough play
- No climbing or hanging on gating, fencing, or netting

If there are any problems, notify an Ergadoozy Staff member immediately

In consideration of being allowed to enter into the play center and/or participate in any parties or programs at Ergadoozy, the undersigned, on his or her own behalf and on behalf of the minor identified below, acknowledges, appreciates and agrees that:

1. Play Centers and Jungle Climbers can be hazardous and dangerous. Activities require strenuous exercise and various degrees of skill and expertise. I understand that these activities can result in serious injury to the person or child. I assume any and all risk and damage or injury while on Ergadoozy’s premises.
2. I am aware of the risk, hazards and danger of personal injury, disability and/or death as a result of participation at Ergadoozy, including those that may arise out of the negligence of other participants. Also, if I discover any hazard during our participation, I will bring it to the attention of the nearest Ergadoozy employee immediately.
3. I have received and read a copy of the operational rules and understand that it is my responsibility to ask questions about the operational rules and regulations if necessary. I understand that it is my responsibility to ensure that I/my children understand the rules. Although there are staff members to monitor children/adults playing, it is my responsibility to monitor my children and my own activities. I will bring any observation of the rules being broken to the attention of an Ergadoozy staff member. I certify that I and/or my child are in good health and that I and or my child have no physical limitations which would preclude safe participation at Ergadoozy.
4. I hereby release, waive and forever discharge and covenant not to sue **Ergadoo Inc.** d/b/a Ergadoozy and its owners, agents, employees, officers, directors, trustees and all other persons or entities acting on its behalf, from any and all claims, actions, damages, liability, cost or expense including attorney’s fees which are related to or arise out of or in any way connected use of the facility. Further, **Ergadoo Inc** d/b/a Ergadoozy is not responsible for any lost or stolen items.
5. By the execution of this agreement, it is my intention to assume all risk of injury and do hereby surrender and waive any rights to sue or exercise any legal right to seek damages against **Ergadoo Inc** d/b/a Ergadoozy, its owners, agents, employees, officers, directors and/or all other persons or entities acting on its behalf.
6. I acknowledge that my or my child’s participation in activities at Ergadoozy is strictly voluntary. I hereby certify that I’m over 18 years of age. Prior to signing this agreement, I have had an opportunity to ask any and all questions. I am aware that by signing this agreement, I assume all risks and waive and release all substantial rights that I may have and possess.

**I have carefully read the foregoing covenant not to sue and acknowledge that I understand and agree to all of the above terms and conditions.**

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_



# Vertical Extreme

## PARENT/GUARDIAN HANDBOOK AGREEMENT

**Please sign and return with contract.**

I have received and read the Vertical Extreme Handbook. I agree to abide by the VE Camp policies. If I have any questions regarding the handbook, or the policies in it, I will ask for clarification from the director(s). I understand that not abiding by the policies in the handbook could mean immediate termination of care for my child.

---

(Parent/Legal Guardian Signature)

---

(Printed name of Camper)

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



# Vertical Extreme

## Handbook

Vertical Extreme  
Calvary Academy  
1730 West Jefferson St.  
Springfield, IL 62702  
217.546.5987

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## Non-Discriminatory Statement

Vertical Extreme admits campers of any race, color, national or ethnic origin, sex, age or handicap to all the rights and privileges, programs, and activities generally accorded or made available to the campers of Vertical Extreme. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and/or financial aid programs, athletic and other camp administered programs.

## Acknowledgment

The receipt of this handbook constitutes official parent/guardian notification with regard to camper rights, records, discipline and other important items as may be required by law, rule or regulation. Vertical Extreme is not licensed or regulated by DCFS.

## **VERTICAL EXTREME SUMMER CAMP**

Vertical Extreme Summer Camp at Calvary Academy provides extreme fun summer activities in a safe and secure setting for kids entering 1st through 6th grade.

Camp is open Monday - Friday, 7AM - 5:30PM except for July 4th or a date observed to celebrate July 4th. Payments according to your contractual agreement will still be expected for week of July 4th.

### **FULL OR PART-TIME REGISTRATION**

- Campers registered 5 days per week are considered full-time.
- Campers registered for more than 2 weeks are considered full-time.
- Campers may attend all summer or sign-up in advance for specific weeks.
- Campers registered 4 days or less per week are considered part-time.

### **NON-REFUNDABLE ACTIVITY FEE**

A one-time non-refundable activity fee is due at the time of registration for full-time campers. The activity-fee is included in the weekly fees for part-time campers. Weekly fees include daily breakfast, hot lunch, snacks, and all summer activities.

## PAYMENT PROCEDURES

### Methods of Payment

- Check - please include your child's name on the memo line of EVERY CHECK
- Cash
- Credit Card/Debit Card – please note a 3% convenience fee will be added to transaction.
- Paid by Service organizations: If you are involved with a service organization which aids in the payment of your VE summer camp fees, we must have **written confirmation from that organization stating they are going to assume all responsibility for the payment of your child BEFORE YOUR CHILD CAN ATTEND CAMP.**

### Payment Due Date

- A one-time non-refundable activity fee is due at the time of registration for full-time campers.
- One week in advance, to be paid by Monday of each week or your camper will not be allowed to stay.

**Late Fees** (\$15 for each 10 minutes you are late picking up your child past 5:31 pm VE clock time)

- Added to your account, to be paid with the next week's payment.

### Unpaid Accounts

- Your child may not attend VE if payment is not made on Monday of each week. Please contact the camp director if special arrangements are necessary. If the payment is not paid by Friday of that week a \$10 late fee will be added to your account.
- The financial obligation of VE is the responsibility of the parent/guardian. If an agency has agreed to pay for your



child's VE summer camp, yet it fails to do so, payment is expected by the parent/guardian.

## **CHECK-IN/OUT PROCEDURES**

**Hours of operation: Monday-Friday 7am-5:30pm.**

### **Check-In**

- Parent/Guardian please walk in with your child for safety.
- **Parent/Guardian MUST sign in camper each morning.**
- Procedure:
  - Walk in through ENTRANCE at Calvary Academy.
  - Sign in:
    - Before 8:30am: Security Entrance
    - After 8:30am: Academy Office
    - Turn in any medicine

### **Check-Out**

- Only individuals who are listed on the VE sign-up sheet will be allowed to pick up your child. **We will not allow anyone who is not on the contract to pick up without prior written permission.** This is for your child's safety. VE reserves the right to ask any person for a picture identification card.
- Your child must be accompanied by the person who is checking him/her out.
- You may pick up at the site of the field trip if prior arrangements are made with a camp director.
- Campers **are not** allowed to stay at the VE camp site while the rest of the group attends the field trip.
- Campers **are not** allowed to stay at the field trip site when VE leaves the site.

### **Late Pick-Up**

- Fee: \$15 for every 10 minutes after 5:31 pm, according to the VE clock.

## DAILY SCHEDULE

7:00 am	Check-In Begins
8:15-8:40 am	Breakfast
8:40-9:00 am	Breakdown session (attendance is taken, campers are separated into groups)
9:00 am	Classes Begin
11:00-12:00 pm	Lunch (time varies depending on departure time for field trip)
3:30 pm	Campers return. Snack is approximately served.
4:00-5:30 pm	Post-camp activities
5:31 pm	Late Fee begins to be charged

### **Breakfast (cost is included in weekly VE fee)**

- 8:15-8:40 am
- Cold breakfast provided 3 days per week.
- Hot breakfast provided 2 days per week.

### **Morning Session**

- Each class will rotate among centers which may include, but are not limited to:
  - PE
  - Bible
  - Arts and Crafts
  - Games
  - Music
  - Cooking

### **Lunch (cost is included in weekly VE fee)**

- Hot lunch provided 5 days a week.

### **Afternoon Snack (cost is included in weekly VE fee)**

- Provided every day

## ACTIVITIES

### Field Trips

- Trips scheduled almost every day to include
  - Swimming
  - Movies
  - Skating
  - Bowling
  - Parks
  - Minigolf
  - Other exciting activities
- What to Bring
  - Swimsuit and towel in a pool bag on swim days.
  - Sunscreen – please send your child with sunscreen daily labeled with their name.
- Conduct on the Field Trip/Outing– Things to Remember
  - We are visitors in someone else’s facility. Each of us must display his/her best behavior.
  - If a child presents a discipline problem while on site at school or on a field trip, he/she will not be allowed to attend the next field trip.
- Chapel
  - Held weekly throughout the summer
  - Includes a time of praise and worship in song
  - Includes guest speakers
  - Calvary Vacation Bible School - all campers will attend.

## MISCELLANEOUS

### Assigned Rooms

- Each class is assigned a classroom. It will be the duty of each class to tidy up and clean its room throughout the day.

### Dress Code

- Acceptable Clothing
  - Modest shorts
  - Shirts/blouses which cover the entire stomach
- Unacceptable Clothing
  - Shorts which are obviously too short
  - Shirts/blouses which do not cover the entire stomach
  - Shirts/blouses with inappropriate messages
  - Questionable attire will be brought to the attention of the director. The director's decision on the matter will be final.

### Electronic Devices

- Games, phones, iPods, and other electronic devices **ARE NOT ALLOWED** at VE at any time during the camp. We are not responsible for lost or broken items.

### Group Assignments

- VE campers are organized into a minimum of 2 groups.
  - National League - grades 1-3
  - American League - grades 4-6
  - There will be no "mixing" of groups.

### Lost and Found

- **Each evening**, anything left at VE Camp will be taken to Lost and Found. Lost & Found is located in the Academy Foyer.
- Items left in Lost and Found for an **unreasonable** amount of time will be donated to a charitable organization.

**\*\*IMPORTANT:** Please **LABEL EVERYTHING** your child brings/wears. **VE does not assume responsibility for lost, broken or stolen items.** Please **hold your child accountable for items brought to camp each day.**

### **Snack Money Is Optional**

- Your weekly fee provides your child with breakfast, hot lunch, and afternoon snack.
- Snack money is your child's responsibility & should be given to his/her counselor in an envelope or please make certain your child has a pocket in which to keep their money.

### **Food Allergies**

- **Written notice from you doctor to the food director upon enrollment** is required for your child's safety.
- You may be asked to provide an alternative lunch/snack for your child on the day that he/she is unable to eat the lunch/snack we provide.

### **Head Lice**

- Random checks on all campers
- If lice or nits are found, the camper will be sent home.
- A VE staff member must inspect the child and find him/her to be **free of nits** before the camper may return.

### **Prescription Medicine**

- Must be given to VE staff at check-in. It must be in the original bottle with child's name on the bottle.
  - Logged in
  - Administered at the appropriate time.
  - Will be taken on field trips if necessary for appropriate administration.

## Sickness

- As a general rule, when a camper has a fever of 101 degrees or above and/or exhibits symptoms severe enough to prevent being in the classroom, the camper will be sent home. A camper shall not return to VE until they are symptom-free for 24 hours. If your camper becomes ill while at VE, please make arrangements to pick them up promptly. Payments according to your contractual agreement will still be expected. There are no refunds or credit given for any missed days.

## **Camper Conduct**

### **Bus**

- Keep voices low.
- Keep hands, feet, and all other objects to oneself.
- Stay seated.
- Avoid distracting the bus driver.

### **Cafeteria**

- Mealtime should be a pleasant time.
- A camper will not be forced to eat a food item he/she does not like.
- No food item will be withheld from a camper because he/she chooses not to try something.
- Stay seated.
- Follow directions.
- Exercise good table manners.
- Speak quietly (indoor voices).
- Do not throw food, milk, cartons, etc.
- Keep hands, feet, and all other objects to oneself.
- Use appropriate language (Is it Kind? True? Necessary?)

### **Gym**

- Use each piece of equipment for its intended purpose.
- Keep hands, feet, and all other objects to oneself.
- Do not go under the bleachers unless given permission.
- Do not leave Gymnasium unless given permission.
- Share all equipment.
- Do not go into the ball closet at any time.

### **Classroom**

- Follow all directions.
- Raise hand to speak.
- Do not disrupt someone else's opportunity to learn.

- Keep hands, feet, and all other objects to oneself.
- Use appropriate language (Is it Kind? True? Is it Necessary to say?)
- Stay seated.
- Treat the room and all objects in the room with respect. If it is not yours...don't mess with it!

### **Playground**

- Use each piece of equipment for its intended purpose.
- Follow directions of the playground supervisor.
- Do not throw rocks/wood chips.
- Keep hands, feet, and all other objects to oneself.
- Use language appropriate (Is it Kind? True? Necessary?).
- Use age appropriate playground equipment.

### **DAILY CONSEQUENCES FOR CONDUCT VIOLATION**

1<sup>st</sup> offense: Verbal warning

2<sup>nd</sup> offense: 5 minute time-out

3<sup>rd</sup> offense: 10 minute time-out, call to parent

4<sup>th</sup> offense: Sent home for the rest of the day

*Consequences may vary depending on the severity of the offense.*

### **Consequences for Serious Misconduct**

#### **Loss of field trip/Call to parent/Suspension behavior**

- Excessive disrespect to an adult.
- Willful disobedience
- Fighting
- Misuse of God's name or obscene language.
  - We will have the camper to call the parent and repeat the language he/she has been using at VE Camp.
- Use of gang or satanic symbols
- Indecent, gross, or obscene behavior
- Leaving the classroom, building, grounds or camp activity without permission



- Stealing
- Hurting another individual
- Threatening another camper

## **Disciplinary Steps**

### Step 1

- Camper meets with the VE Camp director(s) for counseling, indicating the seriousness of the offense(s).
- Parent/guardian informed via telephone by the VE Camp director(s) of the behavior(s) leading to Step 1.

### Step 2

- Camper serves an out-of-camp suspension out of building for 1 day.
- Conference is held with camper, director(s), parent(s)/guardian(s). All are made aware of the Step 3 procedures which will follow if the behavior(s) continue.

### Step 3

- Camper serves an out-of-camp suspension out of the building for 3 days.
- Conference is held with camper, director(s), parent(s)/guardian(s). All are made aware that expulsion from VE Camp is the next step if the behavior(s) continue.

### Step 4

- Parent(s)/Guardian(s) are notified that the camper is expelled from VE Camp. Camp directors and the educational administrator are notified, and the action is recorded in the VE Camp files.

Thank you for choosing Vertical Extreme!

Vertical Extreme is a summer camp that has been bringing extreme fun and new experiences to our community's kids for years! Our staff consists of qualified teachers and college students who love to work with kids, and make the summer fun and exciting!

If you have any additional questions, please contact the Calvary Academy Office at 217-546-5987 for assistance.

Have a great summer!