

2026-2027 CAMP CALVARY

PARENT'S CONTRACT

Student(s)' Name	Grade Entering	Allergies, Conditions or Physical Defects

Parent/Guardian: _____ Work Phone _____ Cell _____

Email: _____

Address: _____

Parent/Guardian: _____ Work Phone _____ Cell _____

Email: _____

Address (If Different): _____

EMERGENCY/MEDICAL CARE

If there is an accident or emergency, we may be contacted at our place of employment or if you cannot reach us, please call the emergency contact name:

Emergency Contact: _____ Work Phone _____ Cell _____

I/We authorize Camp Calvary to secure emergency medical care for my child(ren) when we cannot be reached. Our family physician is

_____ (phone _____) and our hospital preference is _____.

I/We also authorize Camp Calvary to administer prescribed medicines to my child as specified. Yes _____ No _____

I/We hereby give permission for Camp Calvary staff to administer aspirin-free tablets as follows to my child when necessary.

Yes _____ No _____ # of tablets _____ Children's Strength _____ Adult Strength _____

CHILD PICK-UP

I/We authorize those listed below to pick up our child if we are unavailable.

Name _____ Phone number _____

Name _____ Phone number _____

If there are any changes, please notify Camp Calvary in writing.

I agree that I am financially responsible for any and all charges that Camp Calvary, as a ministry and division of Calvary Church, provided pursuant to this agreement. I guarantee payment in full of all charges for services rendered by Camp Calvary, as a ministry and division of Calvary Church. By signing this agreement, I accept responsibility for any fees related to collecting these charges/costs rendered. Also, by signing this agreement, I agree to the collection of these charges/costs including but not limited to any court costs, collection agency fees, collection fees and reasonable attorney's fees incurred by Camp Calvary, as a ministry and division of Calvary Church, in an attempt to collect any outstanding amounts due. I understand that these fees could be as much as 50% of the balance sent for collection and that these fees are in addition to the outstanding balance. I/We have received, read, and consent to the statements in the Camp Calvary Agreement concerning the care of my child(ren):

Parent/Guardian Signature: _____ Date: _____

Camp Calvary is not licensed or regulated by DCFS

CAMP CALVARY AGREEMENT

**(217) 546-5987 or
After 4:30 (217) 361-8662**

I/We authorize Camp Calvary 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 Camp Calvary as long as there is adequate supervision and safety precautions taken.

I/We will be willing to consult with the Director of Camp Calvary about the child's growth, development, behavior, etc., at a time to be arranged. I/We will try to be cooperative with Camp Calvary in future plans and will bring any grievances to the Director immediately.

Camp Calvary or other media has permission to photograph my child(ren) in group activity if they wish to do so for publicity reasons. I/We understand Bible classes will be conducted when school is not in session.

On days when school is not in session, please notify Camp Calvary if your child will not be brought in until after 9:30 a.m. so our lunch count will be correct.

I/We understand all of the charges and agree to make all payments on a timely basis. 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 Camp Calvary as a result there of.

1. Our weekly charge is based on the time spent in Camp Calvary. Each week's tuition is to be paid on Monday, one week in advance. A full weekly rate will be assessed to any child present three or more days a week. I/We understand there will be a \$10 charge per child for all or any part of each 15-minute segments that I/We do not pick up our child(ren) promptly.
2. When delivering your child(ren) a designated adult is required to check them in each morning and check them out each evening in the Academy building. No one but those you have designated will be allowed to check your child out of Camp Calvary. This precaution is taken for the protection of your child. (Personal information concerning the child or family is not released without the parent/guardian's written permission, i.e., birthday invitations, etc.).
3. Camp Calvary will be closed to observe the following holidays: New Year's Day, Memorial Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, and Christmas Day.
4. Children should be free of fever for 24 hours before returning to Camp Calvary.
5. If your child is to receive medication during Camp Calvary hours, the State requires that it be a personal prescription filled by a pharmacist on a physician's order, and the label bear the number, name of drug, date of prescription, and directions for administering. We are required by the State to keep a record of the date, hour, and person administering any medication. Non-prescription medicine may be administered when the appropriate release form is on file.
6. Children who do not profit from this group will be dismissed after counsel with the parents.
7. Inform the Director of changes in address, home or work phone numbers, and emergency phone numbers.
8. Toys! You must assume responsibility for your child(ren)'s toys. Bring safe, non-breakable toys. We will not assume responsibility for lost or broken toys.
9. Firearms are prohibited on the premises.

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