

VENTURA MISSIONARY PRESCHOOL 2021/2022

Extended Care

500 High Point Drive, Ventura, CA 93003 805-644-9515 ext.#2 vmpsoffice@vmc.net

Sign-up Form

Child's Name: _____

Month: _____

A completed Registration form is due prior to submitting this sign-up sheet. Please complete it and turn it into the Preschool office if you have not already registered for extended care. This form, as well as payment, must be received by the 20th of the month before care begins. A \$10.00 late fee must accompany forms, and payment, received after the 20th. (The following rates are non-drop-in rates. **For drop in rates, add \$10.00 per rate**, excluding the 11:46-1:30 time slot.)

The time slots and fees for regular extended care are as follows:		<u>DROP-IN RATES: Add \$10/per rate</u>
7:30 a.m. to 8:29 a.m. AM Care	\$6.00	\$16
11:46 a.m. to 1:30 p.m. pick-up is	\$12.00	\$12
11:46 a.m. to 3:30 p.m. pick-up is	\$24.00	\$34
11:46 a.m. to 5:30 p.m. pick-up is	\$36.00	\$46

Please use the following chart to complete the number of days of extended care you will need each month:

AUGUST:	4 Mondays	4 Tuesdays	3 Wednesdays	3 Thursdays	3 Fridays	17 Total Days in Month
SEPTEMBER:	3 Mondays	4 Tuesdays	5 Wednesdays	5 Thursdays	4 Fridays	21 Total Days in Month
OCTOBER:	2 Mondays	2 Tuesdays	2 Wednesdays	2 Thursdays	3 Fridays	11 Total Days in Month
NOVEMBER:	4 Mondays	4 Tuesdays	3 Wednesdays	2 Thursdays	3 Fridays	16 Total Days in Month
DECEMBER:	2 Mondays	2 Tuesdays	3 Wednesdays	3 Thursdays	3 Fridays	13 Total Days in Month
JANUARY:	3 Mondays	3 Tuesdays	3 Wednesdays	3 Thursdays	3 Fridays	15 Total Days in Month
FEBRUARY:	3 Mondays	4 Tuesdays	4 Wednesdays	4 Thursdays	3 Fridays	18 Total Days in Month
MARCH:	4 Mondays	5 Tuesdays	5 Wednesdays	5 Thursdays	4 Fridays	19 Total Days in Month
APRIL:	2 Mondays	2 Tuesdays	2 Wednesdays	2 Thursdays	3 Fridays	15 Total Days in Month
MAY:	4 Mondays	5 Tuesdays	4 Wednesdays	4 Thursdays	4 Fridays	21 Total Days in Month
JUNE:	1 Mondays	1 Tuesdays	1 Wednesday	1 Thursday	1 Friday	5 Total Days in Month
Total Days:	32 Mondays	36 Tuesdays	35 Wednesdays	34 Thursdays	34 Fridays	171 Total Days in Year

PLEASE COMPLETE THE FOLLOWING WORKSHEET:

My child will need **MORNING** care M T W Th F for a total of _____ days this month x \$ _____ = \$ _____.
Circle Days of Week # Days Time Slot Fee Total for Month

My child is staying until _____ p.m. on Mondays for a total of _____ days this month x \$ _____ = \$ _____.
Time Slot Day of the Week # Days Time Slot Fee Total for Month

My child is staying until _____ p.m. on Tuesdays for a total of _____ days this month x \$ _____ = \$ _____.
Time Slot Day of the Week # Days Time Slot Fee Total for Month

My child is staying until _____ p.m. on Wednesdays for a total of _____ days this month x \$ _____ = \$ _____.
Time Slot Day of the Week # Days Time Slot Fee Total for Month

My child is staying until _____ p.m. on Thursdays for a total of _____ days this month x \$ _____ = \$ _____.
Time Slot Day of the Week # Days Time Slot Fee Total for Month

My child is staying until _____ p.m. on Fridays for a total of _____ days this month x \$ _____ = \$ _____.
Time Slot Day of the Week # Days Time Slot Fee Total for Month

Parent's Signature _____

Date _____

Total Amount Due _____

OFFICE USE ONLY

Date: _____ Check #: _____ Amount: \$ _____ Office Staff Initials: _____