VENTURA MISSIONARY PRESCHOOL 2022/2023

Extended Care Sign-up Form

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

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:			DROP-IN RATES: Add $10/per rate
7:30 a.m. to 8:29 a.m.	AM Care	$7.00	$17
11:46 a.m. to 1:30 p.m.	pick-up is	$14.00	$14
11:46 a.m. to 3:30 p.m.	pick-up is	$26.00	$36
11:46 a.m. to 5:30 p.m.	pick-up is	$39.00	$49

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

AUGUST:	4Mondays	4 Tuesdays	4 Wednesdays	3 Thursdays	3 Fridays	17 Total Days in Month
SEPTEMBER:	3 Mondays	4 Tuesdays	4 Wednesdays	5 Thursdays	5 Fridays	21 Total Days in Month
OCTOBER:	3 Mondays	2 Tuesdays	2 Wednesdays	2 Thursdays	2 Fridays	11 Total Days in Month
NOVEMBER:	3 Mondays	4 Tuesdays	4 Wednesdays	3 Thursdays	3 Fridays	17 Total Days in Month
DECEMBER:	2 Mondays	2 Tuesdays	2 Wednesdays	3 Thursdays	3 Fridays	12 Total Days in Month
JANUARY:	3 Mondays	4 Tuesdays	3 Wednesdays	3 Thursdays	3 Fridays	16 Total Days in Month
FEBRUARY:	2 Mondays	4 Tuesdays	4 Wednesdays	4 Thursdays	4 Fridays	18 Total Days in Month
MARCH:	4 Mondays	4 Tuesdays	5 Wednesdays	5 Thursdays	5 Fridays	23 Total Days in Month
APRIL:	2 Mondays	2 Tuesdays	2 Wednesdays	2 Thursdays	2 Fridays	10 Total Days in Month
MAY:	4 Mondays	5 Tuesdays	5 Wednesdays	4 Thursdays	4 Fridays	22 Total Days in Month
JUNE:	1 Mondays	1 Tuesdays	0 Wednesday	1 Thursday	1 Friday	4 Total Days in Month
Total Days:	30 Mondays	36 Tuesdays	35 Wednesdays	35 Thursdays	35 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 Thurdays** 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: _____