VENTURA MISSIONARY PRESCHOOL 2024/2025

Extended Care

500 High Point Drive, Ventura, CA 93003 805-644-9515 ext.#561 vmpsoffice@vmc.net

Sign-up

Child's Name:							
Month:							
if you have not al before care begin	ready registered fo s. A \$10.00 late fe	or extended care. Z	tting this sign-up sho This form, as well as my forms, and payme excluding the 11:46	payment, must be ent, received after	e received by th	ne 20 th (of the month
The time slots an	d fees for regular o	DROP-IN RATES: Add \$10/per rate					
7:30 a.m. to 8:29 a.m. AM Care \$7.00				\$17			
	1:46 a.m. to 1:30 p.m. pick-up is \$15.00			\$15			
	:46 a.m. to 3:30 p.m. pick-up is \$28.00			\$38			
11:46 a.m. to 5:3	30 p.m. pick-up	s \$42.00		\$52			
Please use the following chart to complete the number of days of extended care you will need each month:							
AUGUST:	3 Mondays	3 Tuesdays	3 Wednesdays	4 Thursdays	4 Fridays	17 To	otal Days in Month
SEPTEMBER:	4 Mondays	4 Tuesdays	4 Wednesdays	4 Thursdays	4 Fridays		otal Days in Month
OCTOBER:	2 Mondays	3 Tuesdays	3 Wednesdays	3 Thursdays	3 Fridays	14 Total Days in Month	
NOVEMBER:	2 Mondays	3 Tuesdays	3 Wednesdays	3 Thursdays	3 Fridays		tal Days in Month
DECEMBER:	3 Mondays	3 Tuesdays	3 Wednesdays	3 Thursdays	3 Fridays		tal Days in Month
JANUARY:	2 Mondays	3 Tuesdays	3 Wednesdays	3 Thursdays	3 Fridays		otal Days in Month
FEBRUARY:	2 Mondays	4 Tuesdays	4 Wednesdays	4 Thursdays	4 Fridays	18 Total Days in Month	
MARCH:	3 Mondays	3 Tuesdays	3 Wednesdays	3 Thursdays	3 Fridays	15 Total Days in Month	
APRIL:	4 Mondays	4 Tuesdays	4 Wednesdays	3 Thursdays	3 Fridays	18 Total Days in Month	
MAY:	3 Mondays	4 Tuesdays	4 Wednesdays	5 Thursdays	5 Fridays	21 Total Days in Month	
JUNE:	1 Mondays	1 Tuesdays	1 Wednesday	0 Thursday	0 Friday	3 To	tal Days in Month
Total Days:	29 Mondays	35 Tuesdays	35 Wednesdays	35 Thursdays	35 Fridays	169 Total Days in Year	
PLEASE COMI	PLETE THE FO	DLLOWING WO	ORKSHEET:				
My child will need	d MORNING ca	re <u>M T W T</u>	$\underline{\Gamma h} \; \underline{F}$ for a total of		onth x \$		= \$
		Circle Days	of Week #	# Days	Time S	lot Fee	Total for Month
My child is staying until p.m. on Mondays							
	1 ime 3 lot	Day of the V	V eek 7	7 Days	1 ime 3.	lot Fee	1 otal for Month
My child is staying until p.m. onTuesdays for a total of days this month x \$ = \$ Time Slot Fee Total for Month							
	Time Slot	Day of the	Week 7	# Days	1 ime S	lot Fee	Total for Month
My child is staying until p.m. on Wednesdays							
	Time Slot	Day of the		# Days			Total for Month
My child is stayin	g until	p.m. on <u>Thurd</u> Day of the V	<u>ays</u> for a total of _	days this mo	onth x \$ Time S	lot Fee	= \$ Total for Month
My child is stayin	g until	p.m. on <u>Friday</u>	s for a total of _	days this mo	onth x \$		= \$
	Time Slot	Day of the W	eek ‡	# Days	Time S	lot Fee	Total for Month
Parent's Signature				Date			Cotal Amount Due
OFFICE US	E ONLY						
Date: Check #: Amount: \$ Office Staff Initials:							
Date:	Cn	eck #:	Amou	ш: Ф	Office	statt 1	muais: