



Ventura Missionary Preschool

Lic. 561708227

2024-2025 Continuing Students Registration Packet

Upcoming Registration:

- ⇒ Continuing Students only—Begins Monday, January 22
- ⇒ Siblings of current students and VMC Members enrolling children for the first time—Begins Monday, January 29

- ⇒ Open-to-the-public Registration—Begins Wednesday, Jan. 31



Ventura Missionary Preschool

500 High Point Drive Ventura, CA 93003 (805) 644-9515, ext #561

CONTINUING STUDENT REGISTRATION INFORMATION

Preschool Registration	\$ 125
Tuesday/Thursday Tuition	\$ 3,026
Monday/Wednesday/Friday Tuition	\$ 3,965
Monday-Friday Tuition	\$ 6,307

ALL provided forms for students must be returned with the nonrefundable registration fee of \$125, made out to VMPS, in order to register any student. Incomplete packets will be returned to applicant and placement will not be reserved until completed packet is re-submitted.

Pre-Kindergarten Registration - Priority placement for Pre-K will be given to children who are old enough to attend kindergarten, but show a need for one more year of preschool before kindergarten. Children who will be eligible for Kindergarten may register for Pre-K if they show readiness and space is available.

VMPS Dual Registration: Students who turn five by September 1 are eligible for Kindergarten at VMS. If you are not sure whether your five-year-old will be ready for Kindergarten, you may dual-register for Pre-K, as well as Kindergarten. A registration fee of \$125 (checks made out to VMPS) needs to accompany the Pre-K registration packet. Dual registration will require payment of both a preschool and a kindergarten registration, which will be done separately through the Preschool, as well as the Elementary School Offices. You will then have until April 25th, to inform both the preschool and the elementary school offices of your decision. The registration fees are nonrefundable.

Registration for Preschool will be in the Preschool office according to the following **priority** registration dates:

Monday, January 22 - CONTINUING STUDENTS ONLY

Monday, January 29 - SIBLINGS OF CURRENTLY ENROLLED STUDENTS AND VMC MEMBERS ENROLLING CHILDREN FOR THE FIRST TIME, as well as continuing students

Wednesday, January 31 - OPEN REGISTRATION TO THE GENERAL PUBLIC



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500 High Point Drive Ventura, CA 93003 (805) 644-9515, ext #2

Student File Checklist for Continuing Students

Ventura Missionary Preschool, in accordance with Community Care Licensing guidelines, requires that we have the following forms in your child's file before he or she may attend class. Please fill out and return for 1-8 (below).

Student Name: _____ School Year: _____

- _____ Student File Checklist
- _____ Admission Agreement (2 pages)
- _____ Email Form
- _____ Text Form
- _____ Part 1: Financial Agreement; Part 2: Financial Agreement
- _____ Authorization for Medication (use only as needed)
- _____ Consent for Emergency Medical Treatment
- _____ ID & Emergency Info.
- _____ Medical Alert / Allergy Alert

In addition, the following forms from previous year(s) *are already on file* for your child and do not need to be resubmitted:

- Student Application
- Extended Care Registration Form
- Child's Social and Developmental History
- Consent for Emergency Medical Treatment
- Child's Preadmission Health History—Parent's Report
- Parent's Right Acknowledgement
- Personal Rights Acknowledgement
- Physician's Report / Immunization Record

PLEASE NOTE: Packets will be given priority placement according to the date and time they are turned in to the office. If all forms are not complete you will lose your priority placement and new placement will be determined when it is resubmitted.

<i>This shaded area is for OFFICE USE ONLY.</i>		
Child's DOB	Age Group	Days per week Tues/Thurs Mon/Wed/Fri Mon-Fri
Check #	Amount \$	Date
Extended Care Needed? Yes No	Medical Alert? Yes No	Custody Alert? Yes No



Ventura Missionary Preschool

500 High Point Drive Ventura, CA 93003 (805) 644-9515, ext#2

ADMISSION AGREEMENT

Child's First and Last Name

Date

Our school is licensed by the State of California, which requires that we have an Admission Agreement. In addition to the financial agreement, you may have already signed, we need to be sure you are aware of the following policies:

PRESCHOOL LATE FEE: \$10.00 for every five minutes (or fraction thereof) will be due for any child staying past 11:45 who is not scheduled for extended care. These fees are paid in the office the day they are incurred.

EXTENDED CARE LATE FEE: There is a grace period of fifteen minutes at the end of the 1:30 and 3:30 p.m. time slots. There is no grace period for the 5:30 p.m. time slot. If you arrive late to pick up your child, the following fees will be charged:

\$10.00 for every 5 minutes or fraction thereof for the time slots ending at 1:30 p.m. and 3:30 p.m.

\$15.00 for every 5 minutes or fraction thereof for the time slot ending at 5:30 p.m.

If an emergency arises and you cannot avoid being late, please call the office and we will make an adjustment to the late fee on an individual basis.

Any late fees will need to be paid at the time that your following month's fees are paid. If you are late, the teacher will give you a late slip with the amount owed on it. Our teacher child ratios and state licensing make it a necessity to discourage late pick-ups.

A FINANCIAL AGREEMENT is required for each family enrolled, detailing tuition account policies and Extended Care payments. Students will be dismissed for financial delinquency as outlined in the financial agreement.

WITHDRAWAL FROM PROGRAM - Each child is enrolled for the entire school year or the balance of the program year if enrolled after the start of the school year. Two weeks prior notice is required for withdrawal from the program before March 1. For any child leaving the program after that date, full payment will be expected and there will be no refund. Any child withdrawing from the program within two weeks before school begins in August will be refunded prepaid tuition but not the registration fee.

VACATION/HOLIDAYS/ABSENCES - No credit is given for scheduled school holidays or vacation periods. Tuition is divided into equal payments and is based on actual days of the school year. We cannot grant opportunities to make up days missed as a result of absences.

ABSENCE POLICY FOR EXTENDED ILLNESS IN WHICH CHILD IS EXPECTED TO RETURN TO SCHOOL - For the 1st and 2nd week of absence there is no credit given. For more than two consecutive weeks of absence due to illness, any request for partial rebate may be presented in writing to the administration for consideration. **ABSENCES BEYOND FOUR WEEKS MUST BE CLEARED BY THE DIRECTOR.**

RELEASE OF RESPONSIBILITY - VMPS will not be responsible for anything that may happen as a result of false information given at the time of enrollment or outdated information which the parent has not updated appropriately. VMPS will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

PERMISSION TO PARTICIPATE IN PRESCHOOL ACTIVITIES

I hereby grant permission for my child to use all of the play equipment, participate in all of the activities of the Preschool program, and be included in photographs and/or videotapes taken at school.

I hereby grant permission for my child to be included in developmental evaluations including occasional observations by the Unified School District Preschool Specialist. I understand that I will be contacted for a conference if there are any concerns regarding any suspected developmental lags for which my child may need further outside evaluation.

INSPECTION AUTHORITY OF THE DEPARTMENT OF SOCIAL SERVICES/LICENSING AGENCY

- 1. The Department of Social Services/Licensing Agency shall have the inspection authority in regard to specified Health and Safety Codes.
- 2. The Department of Social Services/Licensing Agency shall have the authority to interview clients, including children or staff, and to inspect and audit client or facility records without prior consent. The licensee shall make provisions for private interviews with any clients, including children or staff members, and for the examination of all records relating to the operation of the facility.
- 3. The Department of Social Services/Licensing Agency shall have the authority to observe the physical condition of the client, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine a client. (Parents would be notified by the licensing agency if physical examination were deemed necessary.)

CONDITIONS UNDER WHICH THE AGREEMENT MAY BE TERMINATED

- 1. Agreements shall be dated and signed by the client or his/her authorized representative before a child attends class.
- 2. Modifications to the original agreement shall be made whenever circumstances covered in the agreement change and shall be dated and signed by the persons specified.
- 3. VMPS shall retain the original copy of the agreement and shall provide copies to the student's parent/guardian and to his/her authorized representative, if any.
- 4. VMPS and student's parents/guardian shall comply with all terms and conditions set forth in the admission agreement.

I have read and understand the aforementioned policies.

Parent's Signature

Date

Director's Signature

Date

VMPS Email Form

We do all of our communications through email, so please fill out this form, listing the email address(es) that you would like to receive school information. Our email address is vmppoffice@vmc.net.

Name(s): _____

Email: _____

Name(s): _____

Email: _____

Child's Name: _____ Room #/Class: _____

Child's Name: _____ Room #/Class: _____

Child's Name: _____ Room #/Class: _____

VMPS Text Message Form

We are implementing a mass text messaging program in case of emergencies, so please fill out this form, listing the cellphone number(s) that you would like to receive emergency information on. This is a one way, receive only text messaging system. The text messages will come from our email address, vmppoffice@vmc.net.

Name(s): _____

Cellphone #: _____

Cellphone Provider: _____

Name(s): _____

Cellphone #: _____

Cellphone Provider: _____

Child's Name: _____ Room #/Class: _____

Child's Name: _____ Room #/Class: _____

Child's Name: _____ Room #/Class: _____

VENTURA MISSIONARY PRESCHOOL

Financial Agreement

500 High Point Drive, Ventura CA 93003 (805) 644-9515 ext 561

Billing Information

RESPONSIBLE PARTY	First & Last Name		Spouse First & Last Name		
	Billing Address		City	State	Zip Code
	Daytime Phone #	Social Security #		Driver's License #	

OTHER	Any Additional Payors on Account? If so, please list company name or first, last and middle initial.			
	Billing Address (Street, City, State, Zip Code)			

STUDENT	Last Name		First Name		M.I.	Date of Birth
	Preschool Class: <input type="checkbox"/> 2-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 5-day <input type="checkbox"/> Pre-K					

Sibling @ VMPS or VMS	Last Name		First Name		M.I.	Date of Birth
	Preschool Class: <input type="checkbox"/> <input type="checkbox"/> 2-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 5-day <input type="checkbox"/> Pre-K Elementary: <input type="checkbox"/> <input type="checkbox"/> K-5 Middle School: <input type="checkbox"/> 6-8					

Sibling @ VMPS or VMS	Last Name		First Name		M.I.	Date of Birth
	Preschool Class: <input type="checkbox"/> <input type="checkbox"/> 2-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 5-day <input type="checkbox"/> Pre-K Elementary: <input type="checkbox"/> <input type="checkbox"/> K-5 Middle School: <input type="checkbox"/> 6-8					

PAYMENT INFO OFFICE USE ONLY	Start Date		School Year		First Payment Due:	
	Number of Payments Requested: <input type="checkbox"/> Pay in Full <input type="checkbox"/> 2 (June, Jan.) <input type="checkbox"/> 4 (June, Sept., Dec., Mar.) <input type="checkbox"/> 10 (June-Mar.) <input type="checkbox"/> 11 (June-Apr.) <input type="checkbox"/> Other (describe):					
	Annual Tuition:	Discount:	Discount Amount:	Total Annual Tuition:	Monthly Payment:	Staff Initials:
	\$	%	\$	\$	\$	

I/we agree to be bound by the financial policy described in this Financial Agreement as well as by the policies set forth in the Student Application, Preschool Admission Agreement and Parent Handbook and all other school policies. I/we understand that continued enrollment depends not only upon timely payments as set forth in this Financial Agreement, but also upon compliance with all other school policies.

Mother's Signature Date

Father's Signature Date

Financially Responsible Party Signature Date

VENTURA MISSIONARY PRESCHOOL FINANCIAL AGREEMENT – PART 2

Ventura Missionary Preschool (VMPS) operates on a closely balanced budget. An integral part of maintaining that budget is the timely receipt of all registration, tuition, extended care, and other fees from the parents or guardians of enrolled students. In order to accomplish this goal, the VMS Board has adopted the following tuition payment policy, which will be strictly followed.

Tuition and Fees: VMPS uses a prepayment tuition schedule. Payments begin June 1st. You can choose to pay in full (by June 1st), Semi-Annual (June, Jan.), Quarterly (June, Sept., Dec., Mar.), 10-Month (June-Mar.) or 11-Month (June-Apr.). You must make all payments set forth in the current VMPS Tuition and fees schedule, according to the plan you select. Payments must be made in a timely manner to VMPS, using the payment schedule provided. One account is maintained for each family, except when children are enrolled in both the preschool, kindergarten/dayschool, in which case two separate accounts are used and must be paid separately. You must keep VMPS informed of any changes.

An account will be considered delinquent if a payment due is not received at VMPS by the 20th, at which time a \$10 late fee will be assessed. VMPS will send you a notice stating that the payment is overdue and that a late fee has been assessed to the account. If your account becomes more than 50 days in arrears, the school will inform you that your account has been closed and your child(ren) have been dismissed from school.

Once an account is closed, re-enrollment of your child(ren) and reinstatement of your account will be contingent upon (1) the child(ren)'s places in class having not yet been filled by incoming students, (2) the account being brought current in the school office by cashier's check payable to VMPS for all tuition, extended care, and late fees and an additional registration fee of \$125.

If an account is closed a second time in a school year, re-enrollment and reinstatement will be contingent upon (1) approval of the Director, (2) the child(ren)'s places in class having not yet been filled by incoming students, (3) the account being brought current in the school office by cashier's check payable to VMPS for all tuition, extended care, and late fees, as well as an additional registration fee of \$125, and (4) all remaining payments for the school year being made at the school office by cashier's check payable to VMPS by the first of the month. Thereafter, if any payment is not received by the due date, a late fee of \$30 will be assessed. If the account is not brought current, including the late fee, within 10 days, the account will be closed and your child(ren) will be dismissed.

VMPS will assess a \$20 fee for any check returned by your bank unpaid. This fee, plus the amount of the returned check, plus any late fees incurred as a result of the return, must be paid to VMPS.

Registration for subsequent school years may be withheld until all monies due the school have been paid in full.

Extended Care: Extended care payments are made in advance in the preschool office (checks made payable to VMPS) for the amount of extended care needed for each student, according to policies stated in the Extended Care Registration form. Children may not stay in extended care if they are not signed up for and paid for in advance.

Withdrawal: Each child is enrolled for the entire school year or the balance of the program year. Two weeks prior notice is required for withdrawal from the program before March 1. For any child leaving the program after that date, full payment will be expected and there will be no refund. Any child withdrawing from the program within two weeks before school begins in August will be refunded prepaid tuition but not the registration fee.

Hardships: If you have a personal financial hardship, please contact the school office to discuss your account before it reaches the point of dismissal.

Exceptions: Any exceptions to the financial policies described in this Financial Agreement must be approved by the school administration and School Board.

Signature and Billing Information Required on Reverse Side.

AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

Educational Code 49423 and 49423.5. Any pupil who is required to take, during the regular school day, medication prescribed by a physician or over-the-counter medication sent by the parent, may be assisted by the school nurse or other designated school personnel if the school receives (1) a written statement from the physician detailing directions for taking the medication and/or (2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in taking any non-prescribed medication. Have the Pharmacy or Physician properly label medication in a sealed container for school administration.

All non-prescription medication (Tylenol, Advil, etc.) must be sent from home and in a bottle labeled with the student's name with this form signed and on file in the office.

PART I: To be completed by the parent or guardian:

I request that my child be assisted in taking the medication, prescribed by a physician or sent from home, by designated personnel during school hours. I understand that my child may not have or take medication at school unless all requirements are met.

Child's Name _____ Sex _____ Birth Date _____

School _____ Grade _____ Teacher _____

Physicians Name _____ Telephone # _____

Address _____

Request Date _____ Parent Signature _____ Home Phone/Emer. Phone _____

PART II: To be completed by attending physician for prescription medication:

The child named above is under my care. It is necessary for him/her to receive the following medication during school hours on a regular/emergency basis.

NAME OF MEDICINE: _____

FORM (ie: tablet, liquid, injection, inhaler, etc): _____

DOSE: _____

IF GIVEN DAILY: what time(s)? _____

Duration of medication request: _____

Physician's Signature

Date

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Ventura Missionary Preschool _____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()
Mom Cell:	Dad Cell:				

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

Medical Alert/ Allergy Alert

Child's name _____

Medical Alert _____

Known Allergies _____

What symptoms appear when there is a reaction

What steps to take if there is a reaction

Parent Signature & Date