# VENTURA MISSIONARY PRESCHOOL 2020/2021

**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:

| | | | | |
|---|---|---|---|---|
| 7:30 a.m. | to | 8:29 a.m. | drop-off is | $5.00 |
| 11:46 a.m. | to | 1:30 p.m. | pick-up is | $10.00 |
| 11:46 a.m. | to | 3:30 p.m. | pick-up is | $20.00 |
| 11:46 a.m. | to | 5:30 p.m. | pick-up is | $30.00 |

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

| | | | | | | |
|---|---|---|---|---|---|---|
| AUGUST: | 4 Mondays | 3 Tuesdays | 3 Wednesdays | 3 Thursdays | 3 Fridays | 16 Total Days in Month |
| SEPTEMBER: | 3 Mondays | 5 Tuesdays | 5 Wednesdays | 4 Thursdays | 4 Fridays | 21 Total Days in Month |
| OCTOBER: | 2 Mondays | 2 Tuesdays | 2 Wednesdays | 3 Thursdays | 3 Fridays | 12 Total Days in Month |
| NOVEMBER: | 4 Mondays | 3 Tuesdays | 2 Wednesdays | 3 Thursdays | 3 Fridays | 15 Total Days in Month |
| DECEMBER: | 2 Mondays | 3 Tuesdays | 3 Wednesdays | 3 Thursdays | 3 Fridays | 14 Total Days in Month |
| JANUARY: | 2 Mondays | 3 Tuesdays | 3 Wednesdays | 3 Thursdays | 3 Fridays | 14 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 | 4 Wednesdays | 4 Thursdays | 4 Fridays | 20 Total Days in Month |
| APRIL: | 3 Mondays | 3 Tuesdays | 3 Wednesdays | 3 Thursdays | 3 Fridays | 15 Total Days in Month |
| MAY: | 4 Mondays | 4 Tuesdays | 4 Wednesdays | 4 Thursdays | 4 Fridays | 20 Total Days in Month |
| JUNE: | 1 Mondays | 2 Tuesdays | 1 Wednesday | 1 Thursday | 1 Friday | 6 Total Days in Month |
| Total Days: | 31 Mondays | 36 Tuesdays | 34 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: _____