

St. Vincent de Paul School

206 E Chestnut St. Mt. Vernon, Ohio 43050 740-393-3611 www.saintvdpschool.org

2023-2024 Preschool Extended Care (PSEC) Intent Form

Child's Name:	d's Name: New Student Returning Student					nt
Parent/Guardian N	lame(s):					
Email Address:		Phone:				
Registered Prescho	ool Class (Please Circle	<u>):</u>				
	TVP Preschool Calendar So onfirmed class school day		a. Children are e	ligible to	o attend PS	EC on
2-Day Preschool (PS2 Tues/Thu)	3-Day Preschool (PS3 Mon/Wed/Fri)	4-Day Preschoo (PS5 Mon-Thu)			PM Pre-K (Mon-Fri)	
	owledge, please let us kn our needs, please contact			=		f
Days of the Week	(Please Circle): N	1 Т	W	Т		F
Drop-Off and Pick-	Up Information:					
PSEC Drop-Off time/h	ours in the morning are f	rom 7am-9am.				
Approximate Drop-Of	f Time: Wil	l drop-off time vary (I	Please Circle)	Yes	No	
Approximate Pick-Up	Time: Wil	l pick-up time vary? (Please Circle)	Yes	No	
Additional Informa childcare schedule	ation – Please list any i	relevant information	on or details r	egardiı	ng your ch	nild's



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<u>Acknowledgement/Signature:</u>	
understand and accept that completing Preschool Extended Care. PSEC spot re	, the parent/legal guardian of the child mentioned above, g this intent form DOES NOT guarantee a reserved spot for the eservation is on a first come, first served basis with priority consideration Vincent de Paul families and parish members. Parents will be notified ater than July 1, 2023.
Parent Signature	Date
Office Use ONLY	
Date Received:	Spot Reserved: Wait List:
Email Notification/Date: Y / N	Registration/Fee Received: Y / N
FACTS/Set-Up: Y / N	