



St. Vincent de Paul School

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

Extended Care Intent Form – SACCP K-8th Grade

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Email Address: _____ Phone: _____

Days of the Week (Please Circle): M T W TH F

Please check the following box(es) based on your child care needs.

Before School Extended Care: 7am-7:30am

After School Extended Care: 2:30pm-6pm*

For the upcoming school year, 2023-2024, SACCP charges will be switching to an hourly rate of \$4.50 an hour.

**pricing is subject to change*

Approximate Pick-Up Time: _____ Will pick-up time vary? (Please Circle) Yes No

Approximate Drop-Off Time if using Before Care: _____ Will pick-up time vary? Yes No

I, _____, the parent/legal guardian of the child(ren) mentioned above understand and accept that by completing this intent form and registering my child(ren) for Extended Care **DOES NOT** guarantee a reserved spot for the Extended Care program. If a reserved spot is granted my child(ren) will attend Extended Care on the days and times noted above in order to maintain my child(ren)'s reserved spot. Should my child(ren) be absent from Extended Care more than two consecutive weeks, my child(ren)'s reserved spot will be forfeited, as noted in the Extended Care Handbook.

Parent Signature _____ Date _____