



St. Vincent de Paul School

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

2021-2022 Preschool Extended Care (PSEC) Intent Form

Child's Name: _____ New Student Returning Student

Parent/Guardian Name(s): _____

Email Address: _____ Phone: _____

Registered Preschool Class (Please Circle):

PSEC is available on STVP Preschool Calendar School Days, 7am-6pm. Children are eligible to attend PSEC on their registered and confirmed class school days ONLY.

2-Day Preschool
(PS2 Tues/Thu)

3-Day Preschool
(PS3 Mon/Wed/Fri)

5-Day Preschool
(PS5 Mon-Fri)

AM Pre-K
(Mon-Fri)

PM Pre-K
(Mon-Fri)

Please mark below the PSEC Program requested based on your childcare needs and your child's registered preschool class and schedule. PSEC Programs cannot be combined.

PSEC Programs:

Circle:

Morning Only 7am-8:30am (PS2, PS3 & AM Pre-K ONLY)

2-Day/Wk

3-Day/Wk

5-Day/Wk

Afternoon Only 2:30pm-6pm (PS5 and PM Pre-K ONLY)

2-Day/Wk

3-Day/Wk

5-Day/Wk

Half Day PSEC/AM 7am-12pm (PM Pre-K & PS5 ONLY)

2-Day/Wk

3-Day/Wk

5-Day/Wk

Half Day PSEC/PM 11am-6pm (AM Pre-K, PS2 & PS3 ONLY)

2-Day/Wk

3-Day/Wk

5-Day/Wk

Full Day PSEC 7am-6pm, excluding class times

2-Day/Wk

3-Day/Wk

5-Day/Wk



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Drop-Off and Pick-Up Information:

PSEC Drop-Off time/hours in the morning are from 7am-9am.

Approximate Drop-Off Time: _____ Will drop-off time vary (Please Circle) Yes No

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

Additional Information – Please list any relevant information or details regarding your child’s childcare schedule.

Acknowledgement/Signature:

I, _____, the parent/legal guardian of the child mentioned above understand and accept that by completing this intent form **DOES NOT** guarantee a reserved spot for the Preschool Extended Care. PSEC spot reservation is on a first come, first serve basis with priority consideration given to existing PSEC students and St. Vincent de Paul families and parish members. Parents will be notified via email if a PSEC spot is reserved no later than July 1, 2021.

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 _____