



St. Vincent de Paul School

206 E Chestnut St. Mt. Vernon, Ohio 43050 740-393-3611 [www.saintvdpschool.org](http://www.saintvdpschool.org)

## Extended Care Intent Form – SACCP K-8<sup>th</sup> Grade

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

New Student(s)  Returning Student(s)

Parent/Guardian Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Before School Extended Care (AM SACCP): 7am-7:30am\*

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

*\*\$4.00 per day per child*

After School Extended Care: 2:30pm-4pm\*\*     After School Extended Care: 2:30pm-6pm\*\*

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

*\*\*Please note that SACCP daily fees are based on pick-up time. \$8.00/day/child fee for students picked up by 4pm. \$13.00/day/child fee for students picked up between the hours of 4:01pm-6pm.*



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**Before School Extended Care (AM SACCP): 7am-7:30am**

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

**After School Extended Care (SACCP): 2:30pm-6pm**

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.**

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**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 SACCP Extended Care. SACCP spot reservation is on a first come, first serve basis with priority consideration given to existing SACCP students and St. Vincent de Paul families and parish members. Parents will be notified via email if a SACCP spot is reserved no later than August 1, 2021.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use ONLY**

Date Received: \_\_\_\_\_

Spot Reserved:

Wait List:

Email Notification/Date: Y / N \_\_\_\_\_ Registration/Fee Received: Y / N \_\_\_\_\_

Kids Care Center/Set-Up: Y / N \_\_\_\_\_