AFTER CARE AUTOMATIC SCHEDULING SHEET

My child/children will be attending EDP on a regular monthly basis. Please schedule them each month as follows:

						Pick Up Time	Rate $
AFTER CARE DAYS	**M**	**T**	**W**	**TH**	**FR**	_____	_____

I understand that **this schedule will continue automatically,** Sept through June, **unless I make a change, IN WRITING**, before the applicable payment due date. Payment for this EDP use + any outstanding balance is due on the POSTED MONTHLY DUE DATE.

SIGNED:_____ _____ _____

Parent or Guardian Date print family name

Sept schedule
Chk#_____Amount $_____
Changes:_____

Oct schedule
Chk#_____Amount $_____
Changes:_____

Nov schedule
Chk#_____Amount $_____
Changes:_____

Dec schedule
Chk#_____Amount $_____
Changes:_____

Jan schedule
Chk#_____Amount $_____
Changes:_____

Feb schedule
Chk#_____Amount $_____
Changes:_____

March schedule
Chk#_____Amount $_____
Changes:_____

April schedule
Chk#_____Amount $_____
Changes:_____

May schedule
Chk#_____Amount $_____
Changes:_____

June schedule
Chk#_____Amount $_____
Changes:_____

Diane Laskowski
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To reach the EDP Staff after school hours:
732-264-5578 (x35)

STUDENT NAME	GRADE
_____	_____
_____	_____
_____	_____