

BEFORE CARE AUTOMATIC SCHEDULING SHEET

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

BEFORE CARE DAYS M T W TH FR MONTHLY RATE _____

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: _____

Feb schedule
Chk# _____ Amount \$ _____
Changes: _____

Oct schedule
Chk# _____ Amount \$ _____
Changes: _____

March schedule
Chk# _____ Amount \$ _____
Changes: _____

Nov schedule
Chk# _____ Amount \$ _____
Changes: _____

April schedule
Chk# _____ Amount \$ _____
Changes: _____

Dec schedule
Chk# _____ Amount \$ _____
Changes: _____

May schedule
Chk# _____ Amount \$ _____
Changes: _____

Jan schedule
Chk# _____ Amount \$ _____
Changes: _____

June schedule
Chk# _____ Amount \$ _____
Changes: _____

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STUDENT NAME **GRADE**

