

AFTER CARE SCHEDULE FORM

(PRE PAYMENT MUST ACCOMPANY REQUEST)

EDP SCHEDULE FOR: MAY 6 MAY 31

DUE: MONDAY, APRIL 29

FAMILY NAME: _____

CHILD NAME: _____ HOMEROOM: _____

CHILD NAME: _____ HOMEROOM: _____

CHILD NAME: _____ HOMEROOM: _____

CHILD NAME: _____ HOMEROOM: _____

BE SURE TO CIRCLE THE DAYS OF THE WEEK YOU WISH TO USE.

BE SURE TO CIRCLE YOUR PICK UP TIME / CHARGE FOR THE MONTH

CHILDREN WILL BE SCHEDULED FOR THE SAME DAYS EACH WEEK...NO EXCEPTIONS!

					<u>6:00</u>	<u>5:00</u>	<u>4:00</u>	
5 DAYS/WEEK:	M	T	W	TH	F	\$248	\$182	\$116
4 DAYS/WEEK:	M	T	W	TH	F	\$198	\$145	\$ 93
3 DAYS/WEEK:	M	T	W	TH	F	\$148	\$108	\$ 70
2 DAYS/WEEK:	M	T	W	TH	F	\$ 99	\$ 73	\$ 47

In case of emergency:

ADD ON RATE per DAY per CHILD

WHEN USING MONTHLY SCHEDULE \$ 15 \$ 11 \$ 8

CHECK# _____ AMOUNT PAID _____

Monthly charge due _____

Number of Children _____

BALANCE DUE _____

Total this month _____

Prior Balance due _____

Diane Laskowski

TOTAL NOW DUE: _____

laskowski@stbenedictnj.org

732-264-5578 x223

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

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