

BEFORE 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!

MONTHLY RATES

5 DAYS/WEEK: M T W TH F \$100

4 DAYS/WEEK: M T W TH F \$ 80

3 DAYS/WEEK: M T W TH F \$ 72

2 DAYS/WEEK: M T W TH F \$ 24

In case of emergency:

ADD ON RATE per DAY per CHILD
WHEN USING MONTHLY SCHEDULE

Drop between 6:30-7:00 \$7.00

Drop between 7:01-7:29 \$4.00

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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