

**BEFORE & 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

*RATE IS FOR BOTH BEFORE & AFTER CARE  
COMBINED ON THE SELECTED DAYS*

					<u>6:00</u>	<u>5:00</u>	<u>4:00</u>	
5 DAYS/WEEK:	M	T	W	TH	F	\$315	\$254	\$195
4 DAYS/WEEK:	M	T	W	TH	F	\$252	\$202	\$155
3 DAYS/WEEK:	M	T	W	TH	F	\$187	\$152	\$121
2 DAYS/WEEK:	M	T	W	TH	F	\$ 126	\$103	\$ 85
1 DAY/WEEK	M	T	W	TH	F	\$ 58	\$ 51	\$ 45

In case of emergency:

AFTER CARE ADD ON RATE per DAY per CHILD \$ 15 \$ 11 \$ 8

BEFORE CARE ADD ON RATE per DAY per CHILD Drop 6:30-7:00 \$7  
Drop 7:01-7:29 \$4

CHECK# \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

Monthly charge due \_\_\_\_\_

Number of Children \_\_\_\_\_

BALANCE DUE \_\_\_\_\_

Total this month \_\_\_\_\_

Prior Balance due \_\_\_\_\_

Diane Laskowski  
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732-264-5578 x223

TOTAL NOW DUE: \_\_\_\_\_

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

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