

AFTER CARE SCHEDULE FORM

(PRE PAYMENT MUST ACCOMPANY REQUEST)

EDP SCHEDULE FOR: SEPT 4 – SEPT 27

DUE: AUGUST 15

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>6:30</u>	<u>6:00</u>	<u>5:00</u>	<u>4:00</u>	
5 DAYS/WEEK:	M	T	W	TH	F	\$290	\$260	\$191	\$122
4 DAYS/WEEK:	M	T	W	TH	F	\$233	\$208	\$152	\$ 98
3 DAYS/WEEK:	M	T	W	TH	F	\$175	\$155	\$113	\$ 73
2 DAYS/WEEK:	M	T	W	TH	F	\$119	\$104	\$ 77	\$ 49
1 DAY /WEEK:	M	T	W	TH	F	\$ 62	\$ 52	\$ 39	\$ 25

In case of emergency:

ADD ON RATE per DAY per CHILD

WHEN USING MONTHLY SCHEDULE \$ 18 \$ 16 \$ 12 \$ 9

CHECK# _____ AMOUNT PAID _____

Monthly charge due _____

Number of Children _____

BALANCE DUE _____

Total this month _____

Prior Balance due _____

Diane Laskowski
laskowski@stbenedictnj.org
732-264-5578 x223

TOTAL NOW DUE: _____

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