

COMBINED BEFORE & 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

*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	\$331	\$267	\$205
4 DAYS/WEEK:	M	T	W	TH	F	\$265	\$212	\$163
3 DAYS/WEEK:	M	T	W	TH	F	\$196	\$160	\$127
2 DAYS/WEEK:	M	T	W	TH	F	\$132	\$108	\$ 89
1 DAY/WEEK	M	T	W	TH	F	\$ 61	\$ 54	\$ 47

In case of emergency:

AFTER CARE ADD ON RATE per DAY per CHILD \$ 16 \$ 12 \$ 9

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
laskowski@stbenedictnj.org
732-264-5578 x223

TOTAL NOW DUE: _____

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

