

**COMBINED BEFORE & AFTER CARE SCHEDULE FORM (PRE PAYMENT MUST ACCOMPANY REQUEST)**

EDP SCHEDULE FOR: **JAN 4 – JAN 29** DUE: **MONDAY, DEC 21**

FAMILY NAME: \_\_\_\_\_

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

**BEFORE CARE DAYS**      **M T W TH FR**

**AFTER CARE DAYS**      **M T W TH FR**

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

					<u>6:30</u>	<u>6:00</u>	<u>5:00</u>	<u>4:00</u>	
5 DAYS/WEEK:	M	T	W	TH	F	\$270	\$331	\$267	\$205
4 DAYS/WEEK:	M	T	W	TH	F	\$218	\$265	\$212	\$163
3 DAYS/WEEK:	M	T	W	TH	F	\$158	\$196	\$160	\$127
2 DAYS/WEEK:	M	T	W	TH	F	\$109	\$132	\$108	\$ 89
1 DAY/WEEK:	M	T	W	TH	F	\$ 49	\$ 61	\$ 54	\$ 47

In case of emergency:

**AFTER CARE ADD ON RATE per DAY per CHILD**      **\$20      \$ 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](mailto:laskowski@stbenedictnj.org)  
732-264-5578 x223

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

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

