

**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: \_\_\_\_\_

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	\$218	\$195	\$143	\$ 92
4 DAYS/WEEK:	M	T	W	TH	F	\$175	\$156	\$114	\$ 74
3 DAYS/WEEK:	M	T	W	TH	F	\$131	\$116	\$ 85	\$ 55
2 DAYS/WEEK:	M	T	W	TH	F	\$ 89	\$ 78	\$ 58	\$ 37
1 DAY /WEEK:	M	T	W	TH	F	\$ 47	\$ 40	\$ 29	\$ 19

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 \_\_\_\_\_

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

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