

AFTER CARE AUTOMATIC SCHEDULING SHEET

My child/children will be attending EDP on a regular monthly basis. Please schedule them each month as follows:

AFTER CARE DAYS **M T W TH FR** **Pick Up Time** **Rate \$**
 _____ _____ _____ _____

I understand that **this schedule will continue automatically**, Sept through June, **unless I make a change, IN WRITING**, before the applicable payment due date. Payment for this EDP use + any outstanding balance is due on the POSTED MONTHLY DUE DATE.

SIGNED: _____ _____ _____
 Parent or Guardian Date print family name

Sept schedule
 Chk# _____ Amount \$ _____
 Changes: _____

Feb schedule
 Chk# _____ Amount \$ _____
 Changes: _____

Oct schedule
 Chk# _____ Amount \$ _____
 Changes: _____

March schedule
 Chk# _____ Amount \$ _____
 Changes: _____

Nov schedule
 Chk# _____ Amount \$ _____
 Changes: _____

April schedule
 Chk# _____ Amount \$ _____
 Changes: _____

Dec schedule
 Chk# _____ Amount \$ _____
 Changes: _____

May schedule
 Chk# _____ Amount \$ _____
 Changes: _____

Jan schedule
 Chk# _____ Amount \$ _____
 Changes: _____

June schedule
 Chk# _____ Amount \$ _____
 Changes: _____

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

STUDENT NAME	GRADE
_____	_____
_____	_____
_____	_____