

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

EDP SCHEDULE FOR: **9/8 – 10/2**

DUE: **MONDAY, AUGUST 16**

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*

					<b><u>6:30</u></b>	<b><u>6:00</u></b>	<b><u>5:00</u></b>	<b><u>4:00</u></b>	
5 DAYS/WEEK:	M	T	W	TH	F	\$360	\$331	\$267	\$205
4 DAYS/WEEK:	M	T	W	TH	F	\$290	\$265	\$212	\$163
3 DAYS/WEEK:	M	T	W	TH	F	\$211	\$196	\$160	\$127
2 DAYS/WEEK:	M	T	W	TH	F	\$145	\$132	\$108	\$ 89
1 DAY/WEEK	M	T	W	TH	F	\$ 65	\$ 61	\$ 54	\$ 47

In case of emergency:

***AFTER CARE ADD ON RATE per DAY per CHILD***     ***\$18   \$ 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 \_\_\_\_\_

BALANCE DUE \_\_\_\_\_

Number of Children \_\_\_\_\_

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)