

**AFTER CARE** MONTHLY SCHEDULE FORM**(PRE PAYMENT MUST ACCOMPANY REQUEST)**EDP SCHEDULE FOR: **MAR 25 – APRIL 26**DUE: **FRIDAY, MARCH 15, 2024**

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

**\*\* EASTER HOLIDAY CLOSING: 3/28 TO 4/5**

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>DAYS PER WEEK</u>		<u>CIRCLE DAY(S)</u>					<u>CIRCLE CHARGE FOR THE MONTH</u>		
							<u>6:00</u>	<u>5:00</u>	<u>4:00</u>
5 DAYS/WEEK:	M	T	W	TH	F		\$287	\$211	\$134
4 DAYS/WEEK:	M	T	W	TH	F		\$229	\$168	\$108
3 DAYS/WEEK:	M	T	W	TH	F		\$171	\$125	\$81
2 DAYS/WEEK:	M	T	W	TH	F		\$114	\$85	\$54
1 DAY /WEEK:	M	T	W	TH	F		\$58	\$43	\$27

In case of emergency:

ADD ON RATE per DAY per CHILD

\$18

\$14

\$10

WHEN USING MONTHLY SCHEDULE

A **\$5 LATE FEE** per child per day is applied for pickups after the scheduled time. Late Fees and emergency Add On days are billed after the end of the month.

CHECK# \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

Monthly charge due \_\_\_\_\_

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

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

Total this month \_\_\_\_\_

Prior Balance due \_\_\_\_\_

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

EDP Scheduling and Billing: Pat Tobino [tobino@stbenedictnj.org](mailto:tobino@stbenedictnj.org) 732-264-5578 (x23)

To reach the EDP Staff after school hours 732-264-5578 (x50)