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

EDP SCHEDULE FOR: SEPT 4 - SEPT 26						DUE: <u>IV</u>	MONDAY, AUGUST 11, 2025												
FAMILY NAME:					-														
CHILD NAME: CHILD NAME: CHILD NAME:						HOMEROOM:													
										BE SURE TO CIRCI									
										BE SURE TO CIRCI	LE YOU	RPICK	UP TIM	IE / CHA	RGE I	OR THE MONTH			
RATE IS FOR BOTI	H BEFO	RE & A	FTER C	ARE COI	MBINI	ED ON THE SELECT	TED DAYS												
								THE MONTH											
DAYS PER WEEK		,	CIRCLE	DAY(S)		<u>6:00</u>	<u>5:00</u>	<u>4:00</u>											
5 DAYS/WEEK:	М	Т	W	TH	F	\$383	\$309	\$237											
4 DAYS/WEEK:	М	Т	W	TH	F	\$307	\$246	\$189											
3 DAYS/WEEK:	M	Т	W	TH	F	\$227	\$185	\$147											
2 DAYS/WEEK:	M	Т	W	TH	F	\$153	\$125	\$103											
1 DAY /WEEK:	M	Т	W	TH	F	\$70	\$63	\$54											
In case of emerge	ncv:																		
AFTER CARE ADDD ON RATE per DAY per CHILD WHEN USING MONTHLY SCHEDULE						\$18	\$14	\$10											
WITEN OSHIG ME	/IN 1111L1	JCITE	JOLL																
In case of emergency:						Drop between	Drop l	oetween											
<i>BEFORE CARE</i> ADD ON RATE per DAY per						6:30 - 7:00	7:01 - 7:29												
CHILD WHEN USING MONTHLY SCHEDULE						\$8.00	\$5.00												
A \$5 LATE FEE pe	r child p	oer da	y is app	lied for	picku	ps after the sched	uled time. E	End of month bi	lling.										
CHECK# AMOUNT PAID																			
						Number of Children Total this month													
							Prior Balance due												
							TOTAL NOW DUE:												
						TOTAL NOW DUE													

EDP Scheduling and Billing: Pat Tobino tobino@stbenedictnj.org 732-264-5578 x23

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