

AFTER CARE MONTHLY SCHEDULE FORM

(PRE PAYMENT MUST ACCOMPANY REQUEST)

EDP SCHEDULE FOR: **FEB 2 – FEB 27**

DUE: **MONDAY, JANUARY 26, 2026**

FAMILY NAME: _____

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	\$301	\$222	\$141
4 DAYS/WEEK:	M	T	W	TH	F	\$240	\$176	\$113
3 DAYS/WEEK:	M	T	W	TH	F	\$180	\$131	\$85
2 DAYS/WEEK:	M	T	W	TH	F	\$120	\$89	\$57
1 DAY /WEEK:	M	T	W	TH	F	\$61	\$45	\$28

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 _____

BALANCE DUE _____

Number of Children _____

Total this month _____

Prior Balance due _____

TOTAL NOW DUE: _____

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

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