

BEFORE CARE 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 MONTHLY RATE</u>
5 DAYS/WEEK:	M	T	W	TH	F	\$122
4 DAYS/WEEK:	M	T	W	TH	F	\$97
3 DAYS/WEEK:	M	T	W	TH	F	\$88
2 DAYS/WEEK:	M	T	W	TH	F	\$59
1 DAY /WEEK:	M	T	W	TH	F	\$28

In case of emergency:
ADD ON RATE per DAY per CHILD
WHEN USING MONTHLY SCHEDULE

Drop between
6:30 - 7:00
\$8.00

Drop between
7:01 - 7:29
\$5.00

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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