

COMBINED BEFORE & AFTER CARE SCHEDULE FORM

(PRE PAYMENT MUST ACCOMPANY REQUEST)

EDP SCHEDULE FOR: **MARCH 30 – MAY 1**

DUE: **MONDAY, MARCH 23, 2026**

FAMILY NAME: _____

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

RATE IS FOR BOTH BEFORE & AFTER CARE COMBINED ON THE SELECTED DAYS

<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	\$383	\$309	\$237
4 DAYS/WEEK:	M	T	W	TH	F	\$307	\$246	\$189
3 DAYS/WEEK:	M	T	W	TH	F	\$227	\$185	\$147
2 DAYS/WEEK:	M	T	W	TH	F	\$153	\$125	\$103
1 DAY /WEEK:	M	T	W	TH	F	\$70	\$63	\$54

In case of emergency:

AFTER CARE ADDD ON RATE per DAY per CHILD
WHEN USING MONTHLY SCHEDULE

\$18 \$14 \$10

In case of emergency:

BEFORE CARE 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

A **\$5 LATE FEE** per child per day is applied for pickups after the scheduled time. End of month billing.

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 732-264-5578 x23

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