BEFORE CARE AUTOMATIC SCHEDULING SHEET

My child/children will be attending EDP on a regular monthly basis. Please schedule them each month as follows:

CIRCLE BEFORE CARE DAYS	Rate $	STUDENT NAME	GRADE
M T W TH FR	_____	_____	_____
		_____	_____
		_____	_____

☐ **CHECK HERE FOR BEFORE CARE PRE-K SIBLING ONLY**

I understand that **this schedule will continue automatically,** Sept through June, **unless I make a change, IN WRITING**, before the applicable payment due date. Payment for this EDP use + any outstanding balance is due on the POSTED MONTHLY DUE DATE.

SIGNED: _____ _____ _____

Parent or Guardian | Date | Print Family Name

Sept schedule
Chk#_____ Amount $_____
Changes:_____

Oct schedule
Chk#_____ Amount $_____
Changes:_____

Nov schedule
Chk#_____ Amount $_____
Changes:_____

Dec schedule
Chk#_____ Amount $_____
Changes:_____

Jan schedule
Chk#_____ Amount $_____
Changes:_____

Feb schedule
Chk#_____ Amount $_____
Changes:_____

March schedule
Chk#_____ Amount $_____
Changes:_____

April schedule
Chk#_____ Amount $_____
Changes:_____

May schedule
Chk#_____ Amount $_____
Changes:_____

June schedule
Chk#_____ Amount $_____
Changes:_____

Note: Pre-dated checks are not required.

EDP Scheduling and Billing: Mrs. Pat Tobino tobino@stbenedictnj.org 732-264-5578 x23
EDP Director: Mrs. Jeanne Mauro mauro@stbenedictnj.org