AFTER CARE AUTOMATIC SCHEDULING SHEET

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

CIRCLE AFTER CARE DAYS	Pick Up Time	Rate $	STUDENT NAME	GRADE
M T W TH FR	_____	_____	_____	_____
			_____	_____
			_____	_____

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.
A **$5 LATE FEE** per child per day is applied for pickups after the scheduled time. Late fees are applied after the end of the month.

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:_____

In case of emergency:	6PM	5PM	4PM
ADD ON RATE per DAY per CHILD, WHEN USING MONTHLY SCHEDULE	$18	$15	$10

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