EXAMPLE 1

AFTER CARE MONTHLY SCHEDULE FORM **(PRE PAYMENT MUST ACCOMPANY REQUEST)**

EDP SCHEDULE FOR: **SEPT 9 – OCT 2** ← IMPORTANT DATES → DUE: **MONDAY, AUGUST 10, 2026**

FAMILY NAME: BENEDICT

CHILD NAME:	JOHN	HOMEROOM:	4B
CHILD NAME:	MARY	HOMEROOM:	6A
CHILD NAME:	JANE	HOMEROOM:	KB
CHILD NAME:		HOMEROOM:	

Enter grade only if homeroom has not been assigned yet

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

EXAMPLE:
John is Drama on Monday.
Mary is Drama on Mon. & Choir on Wed.

CHILDREN WILL BE SCHEDULED FOR THE SAME DAYS EACH WEEK...NO EXCEPTIONS!

DAYS PER WEEK	CIRCLE DAY(S)					CIRCLE CHARGE FOR THE MONTH 6:00	5:00	4:00	
5 DAYS/WEEK:	M	T	W	TH	F	$310	$229	$145	JANE
4 DAYS/WEEK:	M	T	W	TH	F	$247	$181	$116	JOHN
3 DAYS/WEEK:	M	T	W	TH	F	$185	$135	$89	MARY
2 DAYS/WEEK:	M	T	W	TH	F	$124	$93	$60	
1 DAY /WEEK:	M	T	W	TH	F	$64	$47	$30	
In case of emergency: ADD ON RATE per DAY per CHILD WHEN USING MONTHLY SCHEDULE						$18	$15	$10	

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# 0003 AMOUNT PAID $350

BALANCE DUE _____

Monthly charge due 145+116+89 = 350
Number of Children 3
Total this month $350
Prior Balance due _____

TOTAL NOW DUE: $350

THIS FORM IS SUBMITTED MONTHLY

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

EXAMPLE 2

COMBINED BEFORE & AFTER CARE SCHEDULE FORM **(PRE PAYMENT MUST ACCOMPANY REQUEST)**

EDP SCHEDULE FOR: **SEPT 9 – OCT 2** ← IMPORTANT DATES → DUE: **MONDAY, AUGUST 10, 2026**

FAMILY NAME: BENEDICT

CHILD NAME: JOHN HOMEROOM: _____
CHILD NAME: MARY HOMEROOM: _____
CHILD NAME: _____ HOMEROOM: _____

Enter grade only if homeroom has not been assigned yet.

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

DAYS PER WEEK	CIRCLE DAY(S)					CIRCLE CHARGE FOR THE MONTH 6:00	5:00	4:00
5 DAYS/WEEK:	M	T	W	TH	F	$394	$318	$244
4 DAYS/WEEK:	M	T	W	TH	F	$316	$253	$195
3 DAYS/WEEK:	M	T	W	TH	F	$234	$191	$151
2 DAYS/WEEK:	M	T	W	TH	F	$158	$129	$105
1 DAY /WEEK:	M	T	W	TH	F	$74	$66	$57

EXAMPLE: Before Care and Aftercare is needed M-W-F until 6pm

In case of emergency: ***AFTER CARE*** ADDD ON RATE per DAY per CHILD WHEN USING MONTHLY SCHEDULE	$18	$15	$10

	Drop between 6:30 - 7:00	Drop between 7:01 - 7:29
In case of emergency: ***BEFORE CARE*** ADD ON RATE per DAY per CHILD WHEN USING MONTHLY SCHEDULE	$8.00	$5.00

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

CHECK# 002 AMOUNT PAID $468

BALANCE DUE _____

Monthly charge due $234
Number of Children x2
Total this month $468
Prior Balance due _____

THIS FORM IS SUBMITTED MONTHLY

TOTAL NOW DUE: $468

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EDP Director: Mrs. Jeanne Mauro mauro@stbenedictnj.org

EXAMPLE 3

BEFORE CARE AUTOMATIC SCHEDULING SHEET

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

Rates are posted on the EDP webpage

CIRCLE BEFORE CARE DAYS	Rate $	STUDENT NAME	GRADE
M T W TH FR	$100x2 =$200	JOHN	3
		MARY	6

☐ 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) 8-5-26 (Date) BENEDICT (Print Family Name)

Sept schedule
Chk# 0004 Amount $ $200
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.

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Use AUTOMATIC Scheduling if the schedule will NOT CHANGE month to month.

With Automatic Scheduling, you are automatically billed every month. Prepayment due date is noted on the EDP webpage.