

**ST. BENEDICT**  
CATHOLIC CHURCH AND SCHOOL



St. Benedict Catholic Church and School  
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ST. BENEDICT RELIGIOUS EDUCATION  
**EDP REGISTRATION FORM**

*PRE- PAYMENT MUST ACCOMPANY REQUEST*

**DUE: JULY 1, 2025**

**FAMILY NAME:** \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ WEEK \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ WEEK \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ WEEK \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ WEEK \_\_\_\_\_

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**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**

*[Extended Day After Care options will be provided if/when they are available, may be limited, and are subject to change and/or cancellation depending upon the availability of personnel.]*

**\*\*PRICE IS PER CHILD\*\***

						4:00pm	5:00pm
5 DAYS/WEEK:	M	T	W	TH	F	\$75	\$100
4 DAYS/WEEK:	M	T	W	TH	F	\$60	\$ 80
3 DAYS/WEEK:	M	T	W	TH	F	\$45	\$ 60
2 DAYS/WEEK:	M	T	W	TH	F	\$30	\$ 40
1 DAY	M	T	W	TH	F	\$15	\$ 20

**Weekly Total per Child** \_\_\_\_\_

**Number of Children** \_\_\_\_\_

**Total Now Due** \_\_\_\_\_

**AMOUNT PAID** \_\_\_\_\_ **CHECK#** \_\_\_\_\_

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