

ASPIRE Auto Payment Form 2021/ 2022



BEFORE & AFTER SCHOOL CARE
7630 S 10th Street Oak Creek, WI 53154
414-768-6166

Child/ren's Name(s): _____ Site: _____

Name on the Checking/ Savings Account: _____

Schedule

AM: M T W TH F

PM: M T W TH F

Account information

I have attached the account information to this form.

Days/ Week	1 Day	2 Days	3 Days	4 Days	5 Days
AM Care Only	\$20	\$40	\$60	\$80	\$100
Each Additional Child	\$16	\$32	\$48	\$64	\$80
PM Care Only	\$46	\$92	\$138	\$184	\$230
Each Additional Child	\$37	\$74	\$111	\$148	\$184
AM & PM Care	\$66	\$132	\$198	\$264	\$330
Each Additional Child	\$53	\$106	\$159	\$212	\$264

I authorize the Oak Creek-Franklin Joint School District to withdraw the necessary funds on a monthly basis.

Amount of withdrawal \$ _____

Signature: _____

Date: _____