

# APRIL 2024 - ASPIRE Pay-By-The-Month



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

|                                     |       |        |
|-------------------------------------|-------|--------|
| Student(s) Name<br>(First and Last) | Grade | School |
|                                     |       |        |
|                                     |       |        |
|                                     |       |        |

- Multiple children from the same family with the same schedule need only file on calendar/ month
- DUE: MARCH 15 (Check services needed each day and follow dates on this calendar)

| MONDAY                          | TUESDAY                         | WEDNESDAY                       | THURSDAY                        | FRIDAY                          |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| 1<br>BEFORE CARE<br>AFTER CARE  | 2<br>BEFORE CARE<br>AFTER CARE  | 3<br>BEFORE CARE<br>AFTER CARE  | 4<br>BEFORE CARE<br>AFTER CARE  | 5<br>BEFORE CARE<br>AFTER CARE  |
| 8<br>BEFORE CARE<br>AFTER CARE  | 9<br>BEFORE CARE<br>AFTER CARE  | 10<br>BEFORE CARE<br>AFTER CARE | 11<br>BEFORE CARE<br>AFTER CARE | 12<br>BEFORE CARE<br>AFTER CARE |
| 15<br>BEFORE CARE<br>AFTER CARE | 16<br>BEFORE CARE<br>AFTER CARE | 17<br>BEFORE CARE<br>AFTER CARE | 18<br>BEFORE CARE<br>AFTER CARE | 19<br>BEFORE CARE<br>AFTER CARE |
| 22<br>BEFORE CARE<br>AFTER CARE | 23<br>BEFORE CARE<br>AFTER CARE | 24<br>BEFORE CARE<br>AFTER CARE | 25<br>BEFORE CARE<br>AFTER CARE | 26<br>BEFORE CARE<br>AFTER CARE |
| 29<br>BEFORE CARE<br>AFTER CARE | 30<br>BEFORE CARE<br>AFTER CARE |                                 |                                 |                                 |

A minimum of four days per month are required to maintain participation in ASPIRE. Once calendars and payments are submitted, additional days of service are charged \$2.50 per day plus the daily fee. No credits will be issued for days missed.

| Type of Service                              | Rate    | Amount      | Total |
|--|---------|-------------|-------|
| Before School (1st Child)                    | \$5.50  |             |       |
| Before School (2nd Child)                    | \$4.40  |             |       |
| After School (1st Child)                     | \$14.00 |             |       |
| After School (2nd Child)                     | \$11.20 |             |       |
| Late Fee (Schedule submitted after the 15th) | \$20.00 |             |       |
|  |         |             |       |
|  |         |             |       |
|  |         | Amount Due: | \$    |

Charge credit card on file.

\_\_\_\_\_  
Parent/ Guardian Name

\_\_\_\_\_  
Date

Payment is enclosed.

PRINT

CLEAR