

ASPIRE Auto Payment Form 2023/2024



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

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

Guardian Name: _____

Guardian Name: _____

Name on the Checking/ Savings Account: _____

Please choose one of the two options:

Use banking information from 2022-23 school year

Use the attached information that contains bank name, routing number and account number.

Schedule - [Check each day your child/ren will attend]

AM: M T W TH F

PM: M T W TH F

MONTHLY RATES

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	\$48	\$96	\$144	\$192	\$240
Each Additional Child	\$39	\$78	\$117	\$156	\$194
AM & PM Care	\$68	\$136	\$204	\$272	\$340
Each Additional Child	\$55	\$110	\$165	\$220	\$270

PLEASE NOTE a late fee of \$2.00/minute/child late fee will be assessed each minute beyond 5:45 PM.

I authorize the Oak Creek-Franklin Joint School District to withdraw the necessary funds on a monthly basis through May 2024.

Amount of withdrawal \$ _____

Signature: _____

Date: _____