

After School Program

Cost Calculator

ASP cost for the month of _____ (enter upcoming month) OR,
ASP cost for the week beginning _____ (enter date for upcoming week, eg. mm/dd/yy)

Child's Name:

Name(s) of Sibling(s):

For monthly payments:

Enter number of full-time days child will attend this month: _____ days x \$10.00/day = \$ _____

Please complete if additional children will be attending:

Enter number of full-time days siblings will attend this month:

_____ days x \$7.50/day x _____ number of siblings = \$ _____

Total Monthly Cost = \$ _____

For weekly payments:

Enter number of full-time days child will attend this week: _____ days x \$12.00/day = \$ _____

Please complete if additional children will be attending:

Enter number of full-time days siblings will attend this week:

_____ days x \$9.50/day x _____ number of siblings = \$ _____

Total Weekly Cost = \$ _____

PLEASE SUBMIT YOUR PAYMENT ALONG WITH THIS SHEET

PLEASE MAKE CHECKS PAYABLE TO: SRA-ASP











For Office Use only		
Amount Owed: _____	Cash: _____	Check Date: _____
Amount Paid: _____	Check: _____	Initials: _____

Please note which days you plan to send your child(ren) to after-school care and submit this calendar, along with your ASP calculator sheet and payment, to either the SRA Front Office or to the ASP Coordinator at the beginning of each month. Your monthly payment is non-refundable. Credit will not be given for unused days.

ENTER CHILD(REN)'S NAME(S) ABOVE DATE

WILL ATTEND THE ASP ON THE FOLLOWING DAYS IN:

December

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19 	20 	21 	22 	23 	24
25	26 	27 	28 	29 	30 	31