

## 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.

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

**WILL ATTEND THE ASP ON THE FOLLOWING DAYS IN:**

# February

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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				