

SCHEDULE DUE TO PARK OFFICE BY WEDNESDAY PRIOR TO WEEK NEEDED

List exact dates needed:

Child's Name: _____

School: (Circle) H M SR

Grade: _____ Teacher: _____

Child's Name: _____

Child's Name: _____

Grade: _____ Teacher: _____

Grade: _____ Teacher: _____

<u>Arrival Time:</u>
7:00 -7:15- 2 hours of billing
7:16-7:45 - 1.5 hours
7:46-8:45 - 1.0 hours

<u>Departure Time:</u>
3:15-4:15 - 1 hour of billing
4:16-5:15 - 2 hours
5:16 - 6:15 - 3 hours

Before School Hours: (Mark down the time your child will be arriving)

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL Week Hrs.
First Child	_____	_____	_____	_____	_____	_____
Sec. Child	_____	_____	_____	_____	_____	_____
Third Child	_____	_____	_____	_____	_____	_____

Compute the cost for the week. Fill in the blanks below:

First child total hours for week _____ X **\$3.30** = \$ _____

Second, third, etc. children _____ X **\$3.15** = \$ _____

(Minimum charge per day is \$3.30) **Morning Total** \$ _____

After School Hours: (Mark down the time your child will be picked up)

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL Week Hrs.
First Child	_____	_____	_____	_____	_____	_____
Sec. Child	_____	_____	_____	_____	_____	_____
Third Child	_____	_____	_____	_____	_____	_____

Compute the cost for the week. Fill in the blanks below:

First child total hours for week _____ X **\$3.30** = \$ _____

Second, third, etc. children _____ X **\$3.15** = \$ _____

(Minimum charge per day is \$3.30) **Afternoon Total** \$ _____

Options for scheduling/ payment:

Mail schedule and payment to:

SRAP&R 320 N. Main St., Slippy Rock PA 16057

Email schedule to srpark2@ zoominternet.net and mail payment

Fax: 724-794-8181 and mail payment

Drop off @ Park office

DO NOT give to school office or to Playsafe Supervisor

****You may enter your credit card information on this form, call in your information over the phone, or pay in the SR Parks and Rec Office.**

Morning Total \$ _____

Afternoon Total \$ _____

Due from prior week \$ _____

Monthly Credit Used \$(_____)

TOTAL AMOUNT DUE \$ _____

Credit Card Number:

CRN:

Expiration Date:

Billing Zip Code: