

**Slippery Rock Area Parks Recreation
Summer Playsafe Schedule**

Week Needed: _____ Due to the Park Office: One week prior

Prices		
	First Child	Each Add. Child
Full Day	\$25.00	\$21.00
Half Day	\$18.00	\$15.00

First Child's Name: _____

	Monday		Tuesday		Wednesday		Thursday		Friday		Total Days
	Arrival	Pick up	Arrival	Pick up	Arrival	Pick up	Arrival	Pick up	Arrival	Pick up	
First Child											

First child total-full days _____ X (\$25.00) or half days _____ X (\$18.00) = \$ _____

Second Child's Name: _____

Third Child's Name: _____

	Monday		Tuesday		Wednesday		Thursday		Friday		Total Days
	Arrival	Pick up	Arrival	Pick up	Arrival	Pick up	Arrival	Pick up	Arrival	Pick up	
Sec. Child											
Third Child											

Sec. child total-full days _____ X (\$21.00) or half days _____ X (\$15.00) = \$ _____

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

Total for first Child \$ _____
 Total for add. Children \$ _____
 Swim \$3.00/child \$ _____ (Thursdays Only)
Total amount due \$ _____

Options for scheduling/ payment:
 Mail schedule and payment to:
 SRAP&R 320 N. Main St., Slippery 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 Playsafe Supervisor

Cash:
 Check #:
 Credit Card Number: _____
 Exp. Date: _____ CSV: _____
 Billing Zip Code: _____