

SCHEDULE DUE TO PARK OFFICE BY MONDAY PRIOR TO WEEK NEEDED

List exact dates needed: _____

Child's Name: _____ School: 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 **\$3.90** = \$ _____
 Second, third, etc. children _____ X **\$3.75** = \$ _____
 (Minimum charge per day is \$3.90) **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 **\$3.90** = \$ _____
 Second, third, etc. children _____ X **\$3.75** = \$ _____
 (Minimum charge per day is \$3.90) **Afternoon Total** \$ _____

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
 Credit card number: _____ CSV _____ Exp date: _____ Zip code: _____

Morning Total \$ _____
 Afternoon Total \$ _____
 Due from prior week \$ _____
TOTAL AMOUNT DUE \$ _____

DO NOT give to school office or to Playsafe Supervisor

