Slippery Rock Area Parks Recreation Playsafe Schedule

Weeks Needed (Please Specify Dates):					
Child's Name:			School: (Circ	de) M	SR
Grade: Teacher:			·	·	
Child's Name:		Child's Na	me:		
Grade: Teacher:	=	Grade:		Teacher:	
Grade reacher		Graue		reactiet	
<u>Arrival Time</u> :		Dep	arture Time:		
7:00 -7:15-2 hours of billing		3:15-4:15	- 1 hour of billi	ng	
7:16-7:45 - 1.5 hours		4:16-5:15	- 2 hours		
7:46-8:45 - 1.0 hours		5:16 - 6:15	-3 hours		
Pafara Cabaal Harray (Naadaday day a tha tira a yay abil	يسم مما الكنييام				
Before School Hours: (Mark down the time your child		<u> </u>	Thursdon.		المناطمية
•	Wednesda	У	Thursday		Friday
First Child		-		. <u>-</u>	
Sec. Child		-		. <u>-</u>	
Third Child		-		. <u>-</u>	
Community the cost families week	Fill in Aba	المطاعدات			
Compute the cost for the week					
First child total hours for week					
Second, third, etc. children					
(Minimum charge per day is \$4.00)	Morning T	otal	\$		
After School Hours: (Mark down the time your child	will be pick	ed up)			
•	Wednesda		Thursday		Friday
First Child		,	,		,
Sec. Child		=		. <u>-</u>	
Third Child		-			
		-		. <u>-</u>	
Compute the cost for the week	. Fill in the	blanks bel	ow:		
First child total hours for week					
Second, third, etc. children					
(Minimum charge per day is \$4.00)	Afternoon	Total	\$		
Options for scheduling/ payment:			Mori	ning Total	\$
Mail schedule and payment to:			Afte	rnoon Total	\$
SRAP&R 320 N. Main St., Slippery Rock PA 16057			Due from pr	ior week	\$ \$
Email schedule: achurchill@srpark.org and mail payment			TOTAL AMO	UNT DUE	\$
Fax: 724-794-8181 and mail payment					
Drop off @ Park office					
Credit card #:	exp. date: _	Z	ip code:	CSV#_	

DO NOT give to school office or to Playsafe Supervisor