

Week Needed: NOV 14 - NOV 18

Due to the Park Office: Monday NOV 7, 2022

13

Child's Name: _____

School: (Circle) M SR

Grade: _____ Teacher: _____

Child's Name: _____

Child's Name: _____

Grade: _____ Teacher: _____

Grade: _____ Teacher: _____

Arrival Time:

7:00 - 7:15 - 2 hours of billing
7:16 - 7:45 - 1.5 hours
7:46 - 8:45 - 1.0 hours

Departure Time:

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 \$4.50 = \$_____

Second, third, etc. children _____ X \$4.25 = \$_____

(Minimum charge one hour per day is \$4.50)

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 \$4.50 = \$_____

Second, third, etc. children _____ X \$4.25 = \$_____

(Minimum charge one hour per day is \$4.50)

Afternoon Total \$_____

Options for scheduling/ payment:

Mail schedule and payment to:

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

Email schedule: playsafe@srpark.org and mail payment

Fax: 724-794-8181 and mail payment

Drop off @ Park office

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

Morning Total \$_____

Afternoon Total \$_____

Due from prior week \$_____

TOTAL AMOUNT DUE \$_____

DO NOT give to school office or to Playsafe Supervisor

Week Needed: NOV 21 - NOV 22

Due to the Park Office: Monday NOV 14, 2022

14

Child's Name: _____

School: (Circle) M SR

Grade: _____ Teacher: _____

Child's Name: _____

Child's Name: _____

Grade: _____ Teacher: _____

Grade: _____ Teacher: _____

Arrival Time:

7:00 - 7:15 - 2 hours of billing

7:16 - 7:45 - 1.5 hours

7:46 - 8:45 - 1.0 hours

Departure Time:

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)

TOTAL

	Monday	Tuesday	Wednesday	Thursday	Friday	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 \$4.50 = \$ _____

Second, third, etc. children _____ X \$4.25 = \$ _____

(Minimum charge one hour per day is \$4.50) **Morning Total** \$ _____

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

TOTAL

	Monday	Tuesday	Wednesday	Thursday	Friday	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 \$4.50 = \$ _____

Second, third, etc. children _____ X \$4.25 = \$ _____

(Minimum charge one hour per day is \$4.50) **Afternoon Total** \$ _____

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Email schedule: playsafe@srpark.org and mail payment

Fax: 724-794-8181 and mail payment

Drop off @ Park office

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

Morning Total \$ _____

Afternoon Total \$ _____

Due from prior week \$ _____

TOTAL AMOUNT DUE \$ _____

DO NOT give to school office or to Playsafe Supervisor

Child's Name: _____
Grade: _____ Teacher: _____

School: (Circle) M SR




Child's Name: _____
Grade: _____ Teacher: _____

Child's Name: _____
Grade: _____ Teacher: _____

Arrival Time:
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7:16 - 7:45 - 1.5 hours
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Departure Time:
3:15 - 4:15 - 1 hour of billing
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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		_____	_____	_____	_____	_____




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First child total hours for week _____ X \$4.50 = \$ _____

Second, third, etc. children _____ X \$4.25 = \$ _____

(Minimum charge one hour per day is \$4.50) **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		_____	_____	_____	_____	_____

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(Minimum charge one hour per day is \$4.50) **Afternoon Tot: \$** _____

Options for scheduling/ payment:

Morning Total \$ _____

Afternoon Total \$ _____

Mail schedule and payment to:

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

Email schedule: playsafe@srpark.org and mail payment

Fax: 724-794-8181 and mail payment

Drop off @ Park office

Due from prior week \$ _____

TOTAL AMOUNT DUE \$ _____

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to school office or to Playsafe Supervisor

Week Needed: DEC 5 - DEC 9

Due to the Park Office: Mon 11/28/22

16

Child's Name: _____ School: (Circle) M SR
Grade: _____ Teacher: _____

Child's Name: _____ Child's Name: _____
Grade: _____ Teacher: _____ Grade: _____ Teacher: _____

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

Departure Time:
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	_____	_____	_____	_____	_____	_____

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Second, third, etc. children _____ X \$4.25 = \$ _____

(Minimum charge one hour per day is \$4.50) **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	_____	_____	_____	_____	_____	_____

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Morning Total \$ _____

Afternoon Total \$ _____

Due from prior week \$ _____

TOTAL AMOUNT DUE \$ _____

DO NOT give to school office or to Playsafe Supervisor

Week Needed: DEC 12- DEC 16

Due to the Park Office: Monday DEC 5, 2022

17

Child's Name: _____
Grade: _____ Teacher: _____

School: (Circle) M SR

Child's Name: _____
Grade: _____ Teacher: _____

Child's Name: _____
Grade: _____ Teacher: _____

Arrival Time:

7:00 - 7:15 - 2 hours of billing
7:16 - 7:45 - 1.5 hours
7:46 - 8:45 - 1.0 hours

Departure Time:

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	_____	_____	_____	_____	_____	_____

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(Minimum charge one hour per day is \$4.50) **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:

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Morning Total \$_____

Afternoon Total \$_____

Due from prior week \$_____

TOTAL AMOUNT DUE \$_____

DO NOT give to school office or to Playsafe Supervisor

Week Needed: DEC 19 - DEC 21

Due to the Park Office: Monday DEC 12, 2022

18

Child's Name: _____

School: (Circle) M SR

Grade: _____ Teacher: _____

Child's Name: _____

Child's Name: _____

Grade: _____ Teacher: _____

Grade: _____ Teacher: _____

Arrival Time:

7:00 - 7:15 - 2 hours of billing

7:16 - 7:45 - 1.5 hours

7:46 - 8:45 - 1.0 hours

Departure Time:

3:15 - 4:15 - 1 hour of billing

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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	_____	_____	_____	_____	_____	_____

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First Child	_____	_____	_____	_____	_____	_____
Sec. Child	_____	_____	_____	_____	_____	_____
Third Child	_____	_____	_____	_____	_____	_____

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