Week Needed:	NOV 14 - NOV 18	Due to the Park	Office:	Monday NOV /	, 2022	13
Child's Name:				School: (Circle)	M SR	
	Teacher:			Jerroon (entere)	.,,	
Glade	reactier.					
Child's Name:			Child's	Name:		
Grade:	Teacher:		Grade:	Teache	er:	
	Arrival Time:			Departure Time:		
7:00 -7:15	5- 2 hours of billing			L5 - 1 hour of billing		
7:16-7:45	5 - 1.5 hours		4:16-5:1	L5 - 2 hours		
7:46-8:45	5 - 1.0 hours		5:16 - 6:	:15 - 3 hours		
	rs: (Mark down the tim	5.				TOTAL
Monday	Tuesday	Wednes	day	Thursday	Friday	Week Hrs.
First Child		-			8	
Sec. Child				ALCOHOLO CONTRACTOR OF THE PARTY OF THE PART	-	
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. chi	ldren	_ X \$4.25	= \$		
(Minimum charge o	ne hour per day is \$4.50	0) Mornin	g Total	\$		
After School Hours:	(Mark down the time	your child will be	picked up	)		TOTAL
Monday	Tuesday	Wedneso	day	Thursday	Friday	Week Hrs.
First Child	•					
Sec. Child						
Third Child		•				
Time office		1 <del></del>	-			
	Compute the cost for	the week. Fill in	the blanks	below:		
	First child total hours					
	Second, third, etc. chi					
(Minimum charge of	ne hour per day is \$4.50		on Total	\$		
(Millimum charge of	The Hour per day is \$4.50	o) Aiteilio	on rotal	Ψ		
Options for schedul	ling/pavment:			Morning T	otal \$	
Mail schedule and pay					Total \$	
	n St., Slippery Rock PA 160	057		Due from prior w	eek Ś	
	safe@srpark.org and mail			TOTAL AMOUNT		-
Fax: 724-794-8181 an		payment		10 IALAMOONI	- V	
Drop off @ Park office						
1959		0.4	n date:	7in code.	۲۵	SV#
Credit card #:		ex	p. uate	Zip code:		V 1T

Week Needed:	NOV 21 - NOV 22	Due to the Park Office:	Monday NOV 14, 2	2022 14
Child's Name:			School: (Circle) M	1 SR
	Teacher:			
Child's Name:		Child's	s Name:	
	Teacher:		: Teacher:	
	Arrival Time:	1	Departure Time:	1
7:00 -7:15	- 2 hours of billing	3:15-4	:15 - 1 hour of billing	
	5 - 1.5 hours		:15 - 2 hours	_
lag. a f	- 1.0 hours		6:15 - 3 hours	
7.40 0.43	1.0 110013			J
Before School Hour	s: (Mark down the ti	me your child will be arrivin	g)	TOTAL
Monday			Thursday	Friday Week Hrs.
First Child	, , , , ,		MANUSCO AND	
Sec. Child	_		The Control of the Co	A CHARLEST CO.
Third Child			Action of the second	
			AND THE RESIDENCE AND THE PROPERTY OF THE PROP	tig to built the box arises book .
	First child total hour	or the week. Fill in the blanks for week X \$4.5	0 = \$	
	Second, third, etc. ch	nildren X \$4.2	5 = \$	
(Minimum charge or	ne hour per day is \$4.!	50) Morning Total	\$	
		e your child will be picked u		TOTAL
Monday	Tuesday	Wednesday	Thursday	Friday Week Hrs
First Child	_	1 COLUMN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		# 1
Sec. Child	_	Action and the second		<u> </u>
Third Child	_			
	•	or the week. Fill in the blank		
	First child total hour	s for week X \$4.5	0 = \$	
	Second, third, etc. ch	nildren X \$4.2	5 = \$	
(Minimum charge or	ne hour per day is \$4.	50) Afternoon Total	\$	
Options for schedul	ing/ payment:		Morning Tota	al \$
Mail schedule and pay			Afternoon To	tal \$
	St., Slippery Rock PA 1	6057	Due from prior wee	k \$
	afe@srpark.org and ma		TOTAL AMOUNT DU	
Fax: 724-794-8181 an				
Drop off @ Park office				
Credit card #:		exp. date: _	Zip code:	CSV#

Child's Nam	ne:		School:	(Circle)	M	SR
	Teacher:			(==,		
Child's Nam	e:		Child's Name:			
	Teacher:		_			
		1				
	Arrival Time:		Departu	<u>ıre Time:</u>		
	7:00 -7:15- 2 hours of billin	g	3:15-4:15 - 1 ho	ur of billir	ıg	
	7:16-7:45 - 1.5 hours		4:16-5:15 - 2 ho	urs		
	7:46-8:45 - 1.0 hours		5:16 - 6:15 - 3 h	ours		
Before Scho	ool Hours: (Mark down th	e time vour chilc	l will be arriving)			TOTAL
	Monday Tuesday	Wednes			Friday	Week Hrs.
First Child		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	,	
Sec. Child	100.00 (100 mg)	-		_		
Third Child		<del>                                  </del>				
	Compute the cost	for the week. Fil	l in the blanks be	elow:		
	First child total hou	ırs for week	X \$4.50 = 3	\$		
	Second, third, etc.	children	X \$4.25 = \$	5		
(Minimum c	harge one hour per day is					
After School	Hours: (Mark down the	time your child v	vill be picked up)			TOTAL
ľ	Monday Tuesday	Wedneso	day Thursday	/	Friday	Week Hrs.
First Child						
Sec. Child		-				
Γhird Child						
				_	y " =	
	Compute the cost i					
	First child total hou					
	Second, third, etc.					
Minimum cl	harge one hour per day is	\$4.50) <b>Afterno</b>	on Tot:\$			
Options for	scheduling/ payment:		N	lorning To	otal :	\$
	and payment to:			fternoon		
	N. Main St., Slippery Rock P	A 16057	Due fron	n prior w	eek	\$
	e: playsafe@srpark.org and			MOUNT		\$
	8181 and mail payment	an payment	IOIALA		J J L	T
orop off @ Pa	, · · · · · · · · · · · · · · · · · · ·					
	ark office	exp date:	Zin code:		CSV#	

Due to the Park Office: Mon: 11/21/22

15

Week Needed: NOV 29 - DEC 2

Week Needed:	DEC 5 - DEC 9	Due to the Park Office:	Mon 11/28/22	16
Child's Name:	<u> </u>	School: (Circle)	M SR	
	Teacher:			
Child's Name:		Child's	Name:	
	Teacher:		Teacher:	
	Arrival Time:		Departure Time:	
	5- 2 hours of billing	3:15-4:	15 - 1 hour of billing	
	5 - 1.5 hours		15 - 2 hours	
7:46-8:45	5 - 1.0 hours	5:16 - 6	5:15 - 3 hours	
	9	ne 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 blank	s below:	
	-	for week X \$4.50		
		ldren X \$4.25		
(Minimum charge o		0) Morning Total		
,				
		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	s helow:	
		for week X \$4.50		
		ldren X \$4.25		
(Minimum charge or	ne hour per day is \$4.50		\$	
Options for schedul			Morning Total	
Mail schedule and pay		257		al \$
	St., Slippery Rock PA 160		Due from prior week	:
	afe@srpark.org and mail	payment	TOTAL AMOUNT DU	E \$
Fax: 724-794-8181 an				
Drop off @ Park office		and a first	7:	CC/ /''
credit card #:		exp. date:	Zip code:	CSV#

DO NOT give to school office or to Playsafe Supervisor

Week Needed:	DEC 12- DEC 16	Due to the Park Office	: Monday DEC 5, 2	.022
Child's Name:			School: (Circle)	M SR
Grade:	Teacher:			
Child's Name:		Child	's Name:	
Grade:	Teacher:	Grad	e: Teacher:	:
	Arrival Time:		Departure Time:	
7:00 -7:15	- 2 hours of billing	3:15-	4:15 - 1 hour of billing	
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	
Before School Hour	s: (Mark down the ti	me your child will be arrivi	ng)	TOTAL
Monday	Tuesday	Wednesday	Thursday	Friday Week Hrs
First Child			-	
Sec. Child				
Third Child				
	Compute the cost for	r the week. Fill in the blar	ks below:	
	First child total hour	s for week X \$4.	50 = \$	
	Second, third, etc. ch	nildren X \$4.5	25 = \$	
(Minimum charge of		50) Morning Total		
A6 61 111	(a.a. I. I I			TOTAL
		e your child will be picked		TOTAL
Monday	Tuesday	Wednesday	Thursday	Friday Week Hrs
First Child			F)	
Sec. Child				
Third Child				
		r the week. Fill in the blar		
		s for week X \$4.		
	Second, third, etc. ch			
(Minimum charge or	ne hour per day is \$4.	50) Afternoon Tota	l \$	
Options for schedul	ing/ payment:		Morning Tot	tal \$
Mail schedule and pay	ment to:		Afternoon T	otal \$
SRAP&R 320 N. Main	St., Slippery Rock PA 1	6057	Due from prior we	ek \$
	afe@srpark.org and ma		TOTAL AMOUNT D	
Fax: 724-794-8181 an				
Drop off @ Park office				
Credit card #:		exp. date:	Zip code:	CSV#

DO NOT give to school office or to Playsafe Supervisor

Week Needed:	DEC 19 - DEC 21	Due to the Park Office:	Monday DEC 12, 2	<mark>022</mark> 18
Child's Name:			School: (Circle) M	SR
	Teacher:		,	
Child's Name:		Child's N	Jamas	
Grade:	Teacher:	Grade:	Name: Teacher: _	
		Grade.		
	Arrival Time:	1	Departure Time:	
7:00 -7:15	5- 2 hours of billing	3:15-4:15	5 - 1 hour of billing	
7:16-7:45	5 - 1.5 hours	4:16-5:15	5 - 2 hours	
7:46-8:45	5 - 1.0 hours	5:16 - 6:1	15 - 3 hours	
Before School Hour	s: (Mark down the tim	e your child will be arriving)		TOTAL
Monday		Wednesday	Thursday	Friday Week Hrs.
First Child			The state of the s	
Sec. Child		N S		in with
Third Child			SPECIAL PROPERTY.	A. (2. (19. pt. 162))
		the week. Fill in the blanks		
		for week X \$4.50 =		
(1.4:		dren X \$4.25 =		
(Minimum charge of	ne hour per day is \$4.50	)) Morning Total	\$	
			<b>9</b>	
After School Hours	(Mark down the time	your child will be picked up)		TOTAL
Monday	•	Wednesday	Thursday	Friday Week Hrs.
First Child	racoady	realizaday	indisday	Triday Weekins.
Sec. Child				
Third Child	_		PARTY IN THE	
	-	Employed Company of the Company of t		
	Compute the cost for	the week. Fill in the blanks I	below:	
		or week X \$4.50 =		
	Second, third, etc. child	dren X \$4.25 =	; <u></u>	
(Minimum charge or	ne hour per day is \$4.50		\$	
Options for schedul	ing/ payment:		Morning Total	\$
Mail schedule and pay	ment to:		Afternoon Tota	\$ al \$
SRAP&R 320 N. Main	St., Slippery Rock PA 160	57	Due from prior week	
Email schedule: plays	afe@srpark.org and mail	payment	TOTAL AMOUNT DUI	
Fax: 724-794-8181 and	d mail payment			
Drop off @ Park office				
Credit card #:		exp. date:	Zip code:	CSV#