Week Needed:	AUG.21-23	Due to the F	ark Office:	Monday A	Aug 12, 2	024	1
Child's Name:				School: (C	ircle) V	I SR	
	Teacher:						
Child's Name:			Child's	Name:			
	Teacher:						
	Arrival Time:]		Departure Tim	<u>e:</u>]	
7:00 -7:15	- 2 hours of billing		3:15-4:1	.5 - 1 hour of b	illing		
7:16-7:45	5 - 1.5 hours		4:16-5:1	.5 - 2 hours			
7:46-8:45	5 - 1.0 hours		5:16 - 6:	15 - 3 hours			
Before School Hour	s: (Mark down the tir	ne your child w	vill be arriving)				TOTAL
Monday	Tuesday	Wed	nesday	Thursday		Friday	Week Hrs.
First Child							
Sec. Child	The Property of						
Third Child		-					
(Minimum charge o	First child total hour Second, third, etc. con ne hour per day is \$4.	hildren	X \$4.25	5 = \$	_		
After School Hours:	: (Mark down the tim	e your child wil	l be picked up)			TOTAL
Monday	Tuesday	Wed	Inesday	Thursday		Friday	Week Hrs.
First Child							
Sec. Child	are to						
Third Child							
	Compute the cost for	or the week. F	ill in the blank	s below:			
	First child total hour	rs for week	X \$4.50	o = \$	_		
	Second, third, etc. c	hildren	X \$4.25	5 = \$	_		
(Minimum charge o	ne hour per day is \$4	.50) Aft	ernoon Total	\$	_		
Options for schedu	ling/ payment:			Mo	orning Tot	al \$	
Mail schedule and pa	yment to:			Aft	ternoon To	otal \$	
SRAP&R 320 N. Mai	n St., Slippery Rock PA 1	L6057		Due from	prior wee	ek \$	
Email schedule: play	safe@srpark.org and m	ail payment		TOTAL A	MOUNT D	UE \$	
Fax: 724-794-8181 ar	nd mail payment						
Drop off @ Park offic							
Credit card #:			exp. date:	Zip	code:		CSV#

Week Needed:	AUG 26-30	Due to the Pa	rk Office:	ivionday	Aug 19,	2024	2
Child's Name:				School: (0	Circle)	M SR	
	Teacher:			,	,		
Child's Name:			Child's	Name:			
	Teacher:						
7.00 7.15	Arrival Time: - 2 hours of billing		-	Departure Tin 5 - 1 hour of b		7	
	- 2 hours of billing - 1.5 hours			.5 - 1 hour or i .5 - 2 hours	Jilling		
	- 1.0 hours			15 - 3 hours	·		
Before School Hour Monday	s: (Mark down the tin Tuesday			Thursday		Friday	TOTAL Week Hrs.
First Child					_		
Sec. Child					_		
Third Child					-		
(Minimum charge o	First child total hours Second, third, etc. ch ne hour per day is \$4.	nildren	X \$4.25	5 = \$	_		
After School Hours:	(Mark down the time	your child will b	oe picked up)	(TOTAL
Monday	Tuesday	Wedne	esday	Thursday		Friday	Week Hrs.
First Child	_				_		
Sec. Child Third Child					-		
	Compute the cost for First child total hours						
	Second, third, etc. ch				_		
(Minimum charge o	ne hour per day is \$4.		noon Total	\$	_		
Options for schedul	ling/ payment:			М	orning To	otal \$	
Mail schedule and pa	yment to:			Af	ternoon ⁻		
	n St., Slippery Rock PA 1				n prior we		
	safe@srpark.org and ma	ail payment		TOTAL A	MOUNT	DUE \$	
Fax: 724-794-8181 an							
Drop off @ Park office	e					,	SC) /#
Credit card #:			_exp. date: _	Zip	code:		CSV#

Week Needed: SEPT 3-6	Due to the Park Office:	Monday Aug 26, 2	024	3
Child's Name:		School: (Circle) M	SR	
Grade: Teacher:				
Child's Name:	Child's	Name:		
Grade: Teacher:	 Grade:	Teacher:		
<u>Arrival Time</u> :		Departure Time:		
7:00 -7:15- 2 hours of billing		.5 - 1 hour of billing		
7:16-7:45 - 1.5 hours		.5 - 2 hours		
7:46-8:45 - 1.0 hours	5:16 - 6:	:15 - 3 hours		
Defens Cobe al Harris (Mark dervis the time	المستناسم مطالني المناطمة سيني		TO	TAL
Before School Hours: (Mark down the tin Monday Tuesday	ne your child will be arriving) Wednesday	Thursday	Friday W eel	
First Child	Wednesday	Titursday	Triday Weel	· 1113.
Sec. Child				
Third Child				
Tima cinia				
Compute the cost fo	r the week. Fill in the blank	s below:		
	s for week X \$4.50			
	nildren X \$4.2 5			
(Minimum charge one hour per day is \$4.				
(per day, le ;		*		
After School Hours: (Mark down the time	your child will be picked up)	то	TAL
Monday Tuesday	Wednesday	Thursday	Friday Wee l	k Hrs.
First Child				
Sec. Child		·		
Third Child				
Compute the cost for	r the week. Fill in the blank	s below:		
	s for week X \$4.5 0			
Second, third, etc. ch	nildren X \$4.2 5	5 = \$		
(Minimum charge one hour per day is \$4.	50) Afternoon Total	\$		
Options for scheduling/ payment:		Morning Tota	ıl \$	
Mail schedule and payment to:		Afternoon To		
SRAP&R 320 N. Main St., Slippery Rock PA 1	6057	Due from prior wee		
Email schedule: playsafe@srpark.org and ma		TOTAL AMOUNT DU		
Fax: 724-794-8181 and mail payment	anne I am V activitate see		•	_
Drop off @ Park office				
Credit card #:	exp. date: _	Zip code:	CSV#	

Week Needed:	SEPT 9-13	Due to the Park O	ffice:	Monday	SEPT 2	2, 202	4	4
Child's Name:				School: ((Circle)	M	SR	
	Teacher:							
Child's Name:			Child's	Name:				
	Teacher:							
	Arrival Time:]		Departure Ti	me:			
7:00 -7:15	5- 2 hours of billing		3:15-4:1	.5 - 1 hour of	billing			
7:16-7:45	5 - 1.5 hours		4:16-5:1	.5 - 2 hours				
7:46-8:45	5 - 1.0 hours		5:16 - 6:	15 - 3 hours				
Before School Hou	rs: (Mark down the tir	ne your child will be a	arriving)					TOTAL
Monday		Wednesday		Thursda	V		Friday	Week Hrs.
First Child	, <u>,</u>		,		,		•	
Sec. Child	_		•		_			
Third Child			•	-	_	-		
						-		
	Compute the cost for	or the week. Fill in th	e blank	s below:				
	•	s for week						
		nildren						
(Minimum charge o	one hour per day is \$4.							
(Willimann charge c	me nour per day is \$4.	Joy Wierming	otai	Υ				
After School Hours	: (Mark down the time	e vour child will be ni	cked un	1				TOTAL
Monday				, Thursda	V		Friday	Week Hrs.
First Child	racsady	Weariesaa	y	marsaa	,		aay	
Sec. Child	_	-		1		_		
Third Child	_		•		_			
rnira Chila	_		-		_			
	Compute the cost for	or the week. Fill in th	e blank	s below:				
	First child total hour	s for week	X \$4.50) = \$				
		hildren						
(Minimum charge o	one hour per day is \$4.			\$				
Options for schedu	ıling/ pavment:			N	/lorning	Total	\$	
Mail schedule and pa				Д	fternoo	n Tota		
	in St., Slippery Rock PA 1	.6057			m prior v			
	safe@srpark.org and m				MOUN			
Fax: 724-794-8181 a						·	-	
Drop off @ Park office								
Credit card #:		exn	. date:	Zi	p code:		(CSV#
Ci cuit cui u m.		слр					`	

Week Needed:	SEPT 16-20	Due to the Par	k Office:	Monday	SEPT 9, 2	024	5
Child's Name:				School: ((Circle) N	1 SR	
	Teacher:				,		
				Name:			
Grade:	Teacher:		Grade:		Teacher:		
		-				7	
	Arrival Time:			Departure Ti			
	5- 2 hours of billing			5 - 1 hour of	billing		
N 1000000 10 100 10 1	5 - 1.5 hours			5 - 2 hours			
7:46-8:45	5 - 1.0 hours]	5:16 - 6:	15 - 3 hours		_	
Defere Cabaal Haw	es. (Maule daven tha ti	انب اماناه سيمير ممس	l bo oveivies				TOTAL
Monday	r s: (Mark down the t i Tuesday	=	_	Thursday	,	Friday	TOTAL Week Hrs.
First Child	Tuesuay	weune	suay	Titursua	y	Filuay	week nis.
Sec. Child			7	-	_		
	_	-			_		
Third Child	_	-			_		
	Compute the cost for	arthawaak Eilli	n tha blanks	holow			
	Compute the cost for						
	First child total hour						
/ N 4 i i	Second, third, etc. c						
(Willilling Charge C	ne hour per day is \$4	.50)	ing rotai	۶	_		
After School Hours	: (Mark down the tim	ne your child will b	be picked up	o]			TOTAL
Monday	Tuesday	Wedne	sday	Thursday	/	Friday	Week Hrs.
First Child							
Sec. Child					_		
Third Child		-		1	_		
				•	_		
	Compute the cost for	or the week. Fill i	n the blanks	below:			
	First child total hour	s for week	X \$4.50) = \$			
	Second, third, etc. c			= \$			
(Minimum charge o	ne hour per day is \$4	.50) Aftern	noon Total	\$	_		
Options for schedu					forning Tot		
Mail schedule and pa	yment to:			Α	fternoon To		
SRAP&R 320 N. Mai	n St., Slippery Rock PA 1	.6057			n prior wee		
Email schedule: play	safe@srpark.org and m	ail payment		TOTAL A	MOUNT D	UE \$	
Fax: 724-794-8181 ar	nd mail payment						
Drop off @ Park offic	е						
Credit card #:			exp. date: _	Ziţ	o code:	C	:SV#

Week Needed:	SEPT 23-27	Due to the Park O	ffice:	Monday S	EPT 16, 2	.024	6
Child's Name:				School: (C	ircle) M	SR	
Claibella Niana an			Childle N				
	Taaahari			ame:			
Grade:	Teacher:		Graue		reacher		
	Arrival Time:	1	D	eparture Tim	e:		
7:00 -7:15	- 2 hours of billing			- 1 hour of b			
	- 1.5 hours			- 2 hours			
	- 1.0 hours			5 - 3 hours			
		_					
Before School Hour	s: (Mark down the ti	me your child will be	arriving)				TOTAL
Monday	Tuesday	Wednesda	У	Thursday		Friday	Week Hrs.
First Child					_		
Sec. Child							
Third Child					_		
	,						
	Compute the cost for	or the week. Fill in th	e blanks	below:			
		rs for week					
	Second, third, etc. c	hildren	X \$4.25	= \$	-		
(Minimum charge o	ne hour per day is \$4	.50) Morning 1	Γotal	\$	_		
							T0741
	•	ne your child will be p				F.:-I	TOTAL
Monday	Tuesday	Wednesda	У	Thursday		Friday	Week Hrs.
First Child	_	-	•				
Sec. Child	_	-	•				
Third Child		-					
	Compute the cost f	or the week. Fill in th	o blanks	holow			
	•						
		rs for week		– \$ = \$	-		
(Minimum charge o	Second, third, etc. one hour per day is \$4			- \$ \$	-		
(Minimum charge o	ne nour per day is \$4	.50) Alternoon	1 IOLAI	ş	_		
Options for schedu	ling/ payment:			Мо	orning Tota	I \$	
Mail schedule and pa					ernoon To		
	n St., Slippery Rock PA	16057			prior weel	- II	
	safe@srpark.org and m				MOUNT DU		
Fax: 724-794-8181 an		1				•	
Drop off @ Park office							
Credit card #:		exp	. date:	Zip	code:		CSV#

Week Needed:	SEPT 30-OCT 4	Due to the Park Office	: Monday SEPT 23,	2024	7
Child's Name:			School: (Circle)	M SR	
	Teacher:				
Child's Name:		Child	's Name:		
	Teacher:	Grad	e: Teacher:		
		1		7	
7.00 7.15	Arrival Time:	2.15	Departure Time:		
	5- 2 hours of billing		4:15 - 1 hour of billing		
	5 - 1.5 hours		5:15 - 2 hours		
7:46-8:45	5 - 1.0 hours	5:16 -	- 6:15 - 3 hours		
Before School Hour	rs: (Mark down the ti	me your child will be arrivi	ing)		TOTAL
Monday	Tuesday	Wednesday	Thursday	Friday	Week Hrs.
First Child					
Sec. Child					
Third Child					
(Minimum charge c	Second, third, etc. cl	rs for week X \$4 hildren X \$4 50) Morning Total	.25 = \$		
After School Hours	: (Mark down the tim	e your child will be picked	up)		TOTAL
Monday			Thursday	Friday	Week Hrs.
First Child					
Sec. Child					
Third Child					
	Compute the cost for	or the week. Fill in the blan	nks below:		
	First child total hour	s for week X \$4	.50 = \$		
	Second, third, etc. cl	hildren X \$4	.25 = \$		
(Minimum charge o	one hour per day is \$4.	.50) Afternoon Tota	ıl \$		
Options for schedu	ling/payment:		Morning Tot	tal Ś	
Mail schedule and pa			Afternoon T		
	n St., Slippery Rock PA 1	6057	Due from prior wee		
	safe@srpark.org and ma		TOTAL AMOUNT D		
Fax: 724-794-8181 ar		an payment	TOTALAMOON	y	
Drop off @ Park office					
		exp. date:	Zip code:	C.	SV#
		елр. чисе.			

week needed:	0017-00111	Due to the Park (Jince:	Monday, SEP I	30, 2	024	8
Child's Name:				School: (Circle) M	SR	
	Teacher:		_	·			
Child's Name:			Child's N	lame:			
	Teacher:		Grade:	Teac	her: _		
	Arrival Time:			Departure Time:			
7:00 -7:15	i- 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 tir	me your child will be	e arriving)				TOTAL
Monday	Tuesday	Wednesda	эу	Thursday		Friday	Week Hrs.
First Child	_		_		_		
Sec. Child			_		_		
Third Child			_				
	Compute the cost fo	r the week. Fill in t	he blanks	below:			
	First child total hours						
	Second, third, etc. ch						
(Minimum charge o	ne hour per day is \$4.						
,	,	,					
After Celeschiller	(8.6 - al. al			,			TOTAL
Monday	: (Mark down the tim Tuesday	e your chiid wiii be Wednesda		Thursday		Eriday	TOTAL Week Hrs.
First Child	Tuesday	Wednesda	ау	Thursday		Tituay	Week III3.
Sec. Child	_	-	_		_		
Third Child	_		_		-		
Tillia Cillia		-	_		-		
	Compute the cost fo	r the week. Fill in t	he blanks	below:			
	First child total hours	s for week	X \$4.50	= \$			
	Second, third, etc. ch						
(Minimum charge o	ne hour per day is \$4.			\$			
Options for schedu	ling/ payment:			Mornin	g Total	\$	
Mail schedule and pa				Afterno	on Tot		
	n St., Slippery Rock PA 1	6057		Due from prio	r week		_
	safe@srpark.org and ma			TOTAL AMOU	NT DU	E \$	
Fax: 724-794-8181 ar		a 5					
Drop off @ Park offic	5 45						
Credit card #:		exp	o. date:	Zip code	:		SV#

Week Needed:	OCT 15-18	Due to the Park Office:	Monday OCT 7, 20	24 9
Child's Name:			School: (Circle) N	1 SR
Child's Name:		Child's	Name:	
	Teacher:		Teacher:	
	Arrival Time:		Departure Time:	
7:00 -7:15	5- 2 hours of billing	3:15-4::	15 - 1 hour of billing	
7:16-7:45	5 - 1.5 hours	4:16-5::	15 - 2 hours	
7:46-8:45	5 - 1.0 hours	5:16 - 6	:15 - 3 hours	
Before School Hour	rs: (Mark down the ti	me your child will be arriving	g)	TOTAL
Monday	Tuesday	Wednesday	Thursday	Friday Week Hrs.
First Child				
Sec. Child				
Third Child				
	Compute the cost for	or the week. Fill in the blank	s halow	
	•	s for week X \$4.5		
		hildren X \$4.2		
(Minimum charge o		.50) Morning Total		
After School Hours	: (Mark down the tim	ne your child will be picked u	[q	TOTAL
Monday	1.5		Thursday	Friday Week Hrs.
First Child				
Sec. Child				
Third Child				
	_			
	•	or the week. Fill in the blank		
		rs for week X \$4.5		
		hildren X \$4.2		
(Minimum charge c	one hour per day is \$4	.50) Afternoon Total	\$	
Options for schedu	ling/ payment:		Morning Tota	
Mail schedule and pa	lyment to:		Afternoon To	otal \$
SRAP&R 320 N. Mai	n St., Slippery Rock PA 1	16057	Due from prior wee	k \$
Email schedule: play	safe@srpark.org and m	ail payment	TOTAL AMOUNT D	JE \$
Fax: 724-794-8181 ar	nd mail payment			
Drop off @ Park offic	e			
Credit card #:		exp. date: _	Zip code:	CSV#

Week Needed:	OCT 21-25	Due to the Park Offic	e: Monday	OCT 14, 2	024	10
Child's Name:			School:	(Circle) N	I SR	
	Teacher:			,		
Child's Name:		Chil	d's Name:			
	Teacher:	Gra	de:	Teacher:		
					1	
7.00.745	Arrival Time:		Departure Ti			
	- 2 hours of billing		5-4:15 - 1 hour of	billing		
	- 1.5 hours	1	5-5:15 - 2 hours			
7:46-8:45	5 - 1.0 hours	5:16	5 - 6:15 - 3 hours			
Before School Hour	s: (Mark down the ti	me your child will be arri	ving)			TOTAL
Monday	Tuesday	Wednesday	Thursda	У	Friday	Week Hrs.
First Child	_		-			
Sec. Child	_			_		
Third Child	-		-			
	C		andra hadann			
		or the week. Fill in the black				
		s for week X \$				
/N 4::		nildren X \$				
(iviinimum charge o	ne nour per day is \$4.	50) Morning Tota	ı			
After School Hours:	(Mark down the tim	e your child will be picke	d up)			TOTAL
Monday	Tuesday	Wednesday	Thursda	У	Friday	Week Hrs.
First Child						
Sec. Child	-	-				
Third Child			-			
			-			
	•	or the week. Fill in the bl				
	First child total hour	s for week X \$	4.50 = \$			
	Second, third, etc. cl	nildren X \$	4.25 = \$			
(Minimum charge o	ne hour per day is \$4.	50) Afternoon To	tal \$			
Options for schedu	ling/ payment:		N	Morning Tota	al \$	
Mail schedule and pa				Afternoon To		
	n St., Slippery Rock PA 1	6057		m prior wee		
	safe@srpark.org and ma			AMOUNT DI		
Fax: 724-794-8181 ar		1			•	
Drop off @ Park offic						
Credit card #:		exp. dat	e: Zi	p code:		SV#
					_	

week needed:	OCT 28-NOV 1	Due to the Park (omice:	ivionday	OCT 21	, 2024		11
Child's Name:				School:	(Circle)	М	SR	
	Teacher:		_					
Child's Name:			Child's N	Name:				
	Teacher:							
	Arrival Time:	I		Departure Ti	mai	\neg		
7:00 7:15	- 2 hours of billing			5 - 1 hour of				
1	5 - 1.5 hours		1	5 - 2 hour or	Dilling			
	- 1.0 hours		1	15 - 3 hours				
						<u>-</u>		
Before School Hour Monday	s: (Mark down the tir Tuesday	me your child will bo Wednesda) Thursda	.,	۲	iday	TOTAL
First Child	Tuesuay	Wednesda	ау	mursua	У	FI	luay	Week Hrs.
Sec. Child		-	_		_	-		
Third Child			_		_			
Tillia Cillia			_		_			
(Minimum charge o	First child total hours Second, third, etc. ch ne hour per day is \$4.!	nildren	X \$4.25	= \$				
After School Hours:	(Mark down the time	e your child will be	picked up)				TOTAL
Monday	Tuesday	Wednesda	ау	Thursda	У	Fr	iday	Week Hrs.
First Child			_					
Sec. Child			_					
Third Child			_		_			
	Compute the cost fo	r the week. Fill in t	he blanks	below:				
	First child total hours							
	Second, third, etc. ch							
(Minimum charge o	ne hour per day is \$4.5			\$				
Options for schedul	ling/ navment:			N	∕lorning T	otal	\$	
Mail schedule and par					fternoon			
	n St., Slippery Rock PA 1	6057			m prior w			
	safe@srpark.org and ma				AMOUNT		\$	
Fax: 724-794-8181 an							•	
Drop off @ Park office								
Credit card #:		ext	o. date:	Zi	p code: _		C	SV#

Week Needed:	NOV 4 - 8	Due to the Park O	ffice:	Monday	OCT 28	3, 2024	12
Child's Name:				School:	(Circle)	M SR	
	Teacher:				,		
Child's Name:			Child's	Name:			
	Teacher:					er:	
	Arrival Time:	۱ ۲		Departure Ti	me:		
7:00 -7:15	- 2 hours of billing		3:15-4:1	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			
	-	ime your child will be					TOTAL
Monday	Tuesday	Wednesday	/	Thursda	У	Friday	Week Hrs.
First Child	_						
Sec. Child							
Third Child							
		.50) Morning T					
After School Hours Monday	-	n e your child will be p Wednesday		p) Thursda	v	Eriday	TOTAL Week Hrs.
First Child	ruesuay	wednesday	/	mursua	У	riluay	week nis.
Sec. Child					_		
Third Child	<u> </u>			-	_		
-				1	_		
	•	or the week. Fill in th					
		rs for week					
		children					
(Minimum charge o	ne hour per day is \$4	.50) Afternoo n	Total	\$			
Options for schedu	ling/ payment:				Norning 7		
Mail schedule and pa	yment to:			A	Afternoor	n Total \$	
SRAP&R 320 N. Mai	n St., Slippery Rock PA :	16057			m prior v		
Email schedule: play	safe@srpark.org and m	ail payment		TOTAL A	AMOUNT	Γ DUE \$	
Fax: 724-794-8181 ar	nd mail payment						
Drop off @ Park offic	е						
Credit card #:		exp.	date: _	Zi	p code: _		CSV#

Week Needed:	NOV 12- NOV 15	Due to the Park Off	fice: Monday	NOV 4, 20	24	13
Child's Name:			School:	(Circle) M	SR	
	Teacher:					
Child's Name:		C	Child's Name:			
	Teacher:		Grade:	Teacher:		
	Arrival Time:] [Departure T	ime:		
7:00 -7:15	5- 2 hours of billing	3	3:15-4:15 - 1 hour o	f billing		
7:16-7:45	5 - 1.5 hours	4	1:16-5:15 - 2 hours			
7:46-8:45	5 - 1.0 hours	5	5:16 - 6:15 - 3 hours			
Before School Hour	s: (Mark down the t	ime your child will be a	rriving)			TOTAL
Monday				ау	Friday	Week Hrs.
First Child						
Sec. Child	-		-			
Third Child						
(Minimum charge o		hildren X .50) Morning To				
	80%	ne your child will be pic Wednesday		21/	Eriday	TOTAL Week Hrs.
Monday First Child	Tuesday	Wednesday	mursua	зу	riluay	week mis.
Sec. Child	<u></u>					
Third Child	<u></u>	# d				
,						
	-	or the week. Fill in the				
		rs for week X				
/n a: :		hildren X				
(Minimum charge c	one hour per day is \$4	.50) Afternoon 1	Total \$			
Options for schedu	ling/ payment:		1	Morning Tota	l \$	
Mail schedule and pa	yment to:			Afternoon Tot		
	n St., Slippery Rock PA 1			om prior week		
	safe@srpark.org and m	ail payment	TOTAL	AMOUNT DU	E \$	
Fax: 724-794-8181 ar						
Drop off @ Park office						
Credit card #:		exp. c	date: Z	ip code:		SV#

Week Needed:	NOV 18-22	Due to the Park C	Office: I	Monday NO	V 11, 20	24	14
Child's Name:				School: (Circ	le) M	SR	
	Teacher:		_				
			_				
Child's Name:			Child's Na	ame:			
Grade:	Teacher:		Grade: _	Te	acher:		
		_					
	Arrival Time:		De	eparture Time:			
7:00 -7:15	- 2 hours of billing		3:15-4:15	- 1 hour of billir	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	5 - 3 hours			
Before School Hours	s: (Mark down the ti Tuesday	-		Thursday		Fridav	TOTAL Week Hrs.
First Child	,		,	,		,	
Sec. Child	-		-				
Third Child			-				
-	-	-	-				
	First child total hour	or the week. Fill in the	X \$4.50 =	= \$			
		hildren					
(Minimum charge of	ne hour per day is \$4.	.50) Morning	Total	\$			
	(Mark down the tim						TOTAL
Monday	Tuesday	Wednesda	У	Thursday		Friday	Week Hrs.
First Child			_				
Sec. Child			_				
Third Child	_	_	_				
	Compute the cost for	or the week. Fill in th	ne blanks b	nelow:			
	•	s for week					
	Second, third, etc. c			; ;			
(Minimum charge o	ne hour per day is \$4.			\$			
Options for schedul	ing/ payment:			Morn	ing Total	\$	
Mail schedule and par			Aftern	noon Tota	ıl \$	7	
SRAP&R 320 N. Mair	St., Slippery Rock PA 1	16057		Due from pr	ior week	\$	
Email schedule: plays	ail payment		TOTAL AMO	UNT DUE	\$		
Fax: 724-794-8181 an	d mail payment						
Drop off @ Park office	2						
Credit card #:		exp	. date:	Zip cod	de:	C	:SV#

Child's Name: School: (Circle) M SR Grade: Teacher: Child's Name: Child's Name:
Grade: Teacher:
Child's Name: Child's Name:
Child's Name: Child's Name:
Grade: Teacher: Grade: 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 Hours: (Mark down the time your child will be arriving) Monday Tuesday Wednesday Thursday Friday Week Hi
First Child
Soc Child
Third Child
Tillid Cilid
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 H
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 Tota\$
Options for scheduling/ payment: Morning Total \$
Mail schedule and payment to: Afternoon Total \$
SRAP&R 320 N. Main St., Slippery Rock PA 16057 Due from prior week \$
Email schedule: playsafe@srpark.org and mail payment TOTAL AMOUNT DUE \$
Fax: 724-794-8181 and mail payment
Drop off @ Park office
Credit card #:exp. date: Zip code: CSV#

Week Needed:	DEC 3-6	Due to the Park	Office:	NOV	25, 2024		16	i
Child's Name:		School:	(Circle)	М	SR			
	Teacher:		_					
Child's Name:			Child's	s Name	:			
	Teacher:				Tead			
	Arrival Time:]			ture Time:			
100000	5- 2 hours of billing				our of billing			
7:16-7:45	5 - 1.5 hours		4:16-5	:15 - 2 h	iours			
7:46-8:45	5 - 1.0 hours]	5:16 -	6:15 - 3	hours			
Before School Hour	rs: (Mark down the ti	me your child will l	oe arrivir	ng)				TOTAL
Monday	Tuesday	Wedneso	day	Th	ursday		Friday	Week Hrs.
First Child								
Sec. Child								
Third Child								
	Compute the cost for	or the week. Fill in	the blan	ks belo	w:			
	First child total hour	s for week	_ X \$4.5	50 = \$_				
	Second, third, etc. c	hildren	_ X \$4.2	25 = \$				
(Minimum charge o	ne hour per day is \$4							
	/2.2 1 1 1 1			,				TOTAL
	: (Mark down the tim	-	-	-			ruida	TOTAL
Monday	Tuesday	Wedneso	aay	ın	ursday		Friday	Week Hrs.
First Child						_		
Sec. Child		_						
Third Child								
	Compute the cost for	or the week Fill in	the hlan	ks hala	\A/'			
	First child total hour							
	Second, third, etc. c							
(Minimum charge o	one hour per day is \$4		_ ^ シᠳ.² on Total					
(Willimitatii charge c	The flour per day is 54	.50) Arterno	on rotar	٧				
Options for schedu	ling/ payment:				Mornin			
Mail schedule and payment to:					Afterno	on Tota		
SRAP&R 320 N. Mai	n St., Slippery Rock PA 1	L6057		Di	ue from prio	r week	\$	
Email schedule: play	ail payment		TO	OTAL AMOU	NT DUE	\$		
Fax: 724-794-8181 ar	nd mail payment							
Drop off @ Park offic	e							
Credit card #:		e.	xp. date:		Zip code	:		:SV#

Week Needed:	DEC 9-13	Due to the	Park Of	fice:	Monday	DEC 2,	2024		17
Child's Name:					School:	(Circle)	M	SR	
	Teacher:								
Childle Names				oh:ld!a Ni					
	T				ame:				
Grade:	Teacher:		(∍rade: _		Teache	er:		
	Arrival Time:	1	Γ	D	eparture Ti	me:	\neg		
7:00 -7:15	- 2 hours of billing		3		- 1 hour of				
	- 1.5 hours		- 1		- 2 hours	Ü			
	- 1.0 hours		- 1		5 - 3 hours				
	s: (Mark down the ti	me vour chile	_						TOTAL
Monday	-	-	ednesday	-	Thursda	V	1	Friday	Week Hrs.
First Child	, ,		,			•		,	
Sec. Child	-					_	-		
Third Child						_			
<u>-</u>		_			-	_			
	Compute the cost for	or the week.	Fill in the	blanks	below:				
	First child total hour	s for week		× \$4.50	= \$				
	Second, third, etc. c								
(Minimum charge o	ne hour per day is \$4.								
,	,	,							
	(Mark down the tim	-						1	TOTAL
Monday	•	VV	ednesday		Thursda	У		Friday	Week Hrs.
First Child	_						1		
Sec. Child							-		
Third Child									
	Compute the cost for	or the week	Fill in the	hlanks	helow:				
	First child total hour								
	Second, third, etc. c				= \$				
(Minimum charge o	ne hour per day is \$4.		fternoon		\$ \$				
(William charge o	ne nour per day is 34	.50) A	rternoon	Total	y				
Options for schedul	ing/ payment:				N	/lorning 1	Γotal	\$	
Mail schedule and par				Δ	fternoor	n Total	\$		
SRAP&R 320 N. Mair	n St., Slippery Rock PA 1	.6057			Due fro	m prior v	veek	\$	
Email schedule: plays					TNUOMA		\$		
Fax: 724-794-8181 an									
Drop off @ Park office									
Credit card #:			exp.	date:	Zi	p code: _		C	SV#

Week Needed:	DEC 16 - 20	Due to the Park Office:	Monday DEC 9, 20	24	18
Child's Name:			School: (Circle) N	1 SR	
Child's Name:		Child's	Name:		
	Teacher:	Grade:	Teacher:		
	Arrival Time:]	Departure Time:		
7:00 -7:15	5- 2 hours of billing	3:15-4:1	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		
Before School Hou	rs: (Mark down the t	ime your child will be arriving	g)		TOTAL
Monday	Tuesday	Wednesday	Thursday	Friday	Week Hrs.
First Child					
Sec. Child					
Third Child					
(Minimum charge c		hildren X \$4.25 .50) Morning Total			
After School Hours	: (Mark down the tin	ne your child will be picked u	p]		TOTAL
Monday	Tuesday	Wednesday	Thursday	Friday	Week Hrs.
First Child	_				
Sec. Child	_				
Third Child	_				
	Compute the cost f	or the week. Fill in the blank	s below:		
		rs for week X \$4.50			
	Second, third, etc. o	children X \$4.25	5 = \$		
(Minimum charge o	one hour per day is \$4	Afternoon Total	\$		
Options for schedu	ling/ payment:		Morning Tota		
Mail schedule and payment to:			Afternoon To	otal \$	
SRAP&R 320 N. Mai	n St., Slippery Rock PA	16057	Due from prior wee	k \$	
Email schedule: playsafe@srpark.org and mail payment			TOTAL AMOUNT D	JE \$	
Fax: 724-794-8181 ar	nd mail payment				
Drop off @ Park offic	e				
Credit card #:		exp. date: _	Zip code:		CSV#