

Week Needed: AUG.21-23

Due to the Park Office: Monday Aug 12, 2024

1

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: AUG 26-30

Due to the Park Office: **Monday Aug 19, 2024**

Child's Name: \_\_\_\_\_

School: (Circle) M SR

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

<b>Departure Time:</b>
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	<b>TOTAL</b>
						<b>Week Hrs.</b>
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	<b>TOTAL</b>
						<b>Week Hrs.</b>
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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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: SEPT 3-6

Due to the Park Office: Monday Aug 26, 2024

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 \$ \_\_\_\_\_

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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: SEPT 9-13

Due to the Park Office: **Monday SEPT 2, 2024**

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** \$ \_\_\_\_\_

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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: SEPT 16-20

Due to the Park Office: Monday SEPT 9, 2024

5

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 = \$ \_\_\_\_\_

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

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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: SEPT 23-27

Due to the Park Office: Monday SEPT 16, 2024

6

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:**

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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:**

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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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: SEPT 30-OCT 4

Due to the Park Office: Monday SEPT 23, 2024

7

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** \$ \_\_\_\_\_

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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: OCT 7 - OCT 11

Due to the Park Office: Monday, SEPT 30, 2024

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 = \$ \_\_\_\_\_

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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: OCT 15-18

Due to the Park Office: Monday OCT 7, 2024

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
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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	_____	_____	_____	_____	_____	_____

**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:**

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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: OCT 21-25

Due to the Park Office: Monday OCT 14, 2024

10

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:**

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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	_____	_____	_____	_____	_____	_____

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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: OCT 28-NOV 1

Due to the Park Office: Monday OCT 21, 2024

11

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 4 - 8

**Due to the Park Office:** Monday OCT 28, 2024

12

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 12- NOV 15

Due to the Park Office: Monday NOV 4, 2024

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 18-22

Due to the Park Office: Monday NOV 11, 2024

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)**

	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 25-26

Due to the Park Office: NOV 18, 2024

15

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 Tot: \$ \_\_\_\_\_**

**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: DEC 3-6

Due to the Park Office: NOV 25, 2024

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	_____	_____	_____	_____	_____	_____

**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: DEC 9-13

Due to the Park Office: Monday DEC 2, 2024

17

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:** DEC 16 - 20

**Due to the Park Office:** Monday DEC 9, 2024

18

Child's Name: \_\_\_\_\_

School: (Circle) M SR

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

<b>Departure Time:</b>
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	<b>TOTAL Week Hrs.</b>
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	<b>TOTAL Week Hrs.</b>
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**