Week Needed: SEPT 30- OCT 4 Due to the Park Office: Monday Sept 23, 2024 7 Child's Name:\_\_\_\_\_ School: Moniteau Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Child's Name: Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_\_ Child's Name:\_\_\_\_\_ Teacher: Grade: \_\_\_\_\_ **Arrival Time:** 7:15-7:29 1.25 hours of billing 7:30-8:35 1 hour of billing **TOTAL Before School Hours:** (Mark down the time your child will be arriving) Wednesday Monday Tuesday 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 child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_\_ Third child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_\_ (Minimum charge one hour per day is \$4.50) Morning Total \$\_\_\_\_\_ Due from prior week \$\_\_\_\_\_ TOTAL AMOUNT DUE \$\_\_\_\_\_ Credit card #:\_\_\_\_ exp. date: \_\_\_\_\_ Zip code: \_\_\_\_ CSV#\_\_\_\_ Options for scheduling/ payment: Mail schedule and payment to: SRAP&R 320 N. Main St., Slippery Ro Email schedule: playsafe@srpark.org and mail payment

Fax: 724-794-8181 and mail payment

Week Needed: OCT 7-11 Due to the Park Office: Monday Sept 30, 2024 8 Child's Name:\_\_\_\_\_ School: Moniteau Grade: \_\_\_\_\_ Teacher: Child's Name: Teacher: \_\_\_\_\_\_ Grade: \_\_\_\_\_ Child's Name:\_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ **Arrival Time:** 7:15-7:29 1.25 hours of billing 7:30-8:35 1 hour of billing **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 child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_\_ Third child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_\_ (Minimum charge one hour per day is \$4.50) Morning Total \$\_\_\_\_\_ Due from prior week \$\_\_\_\_\_ TOTAL AMOUNT DUE \$ Credit card #:\_\_\_\_\_ exp. date: \_\_\_\_\_ Zip code: \_\_\_\_ CSV#\_\_\_\_

### Options for scheduling/ payment:

Mail schedule and payment to: SRAP&R 320 N. Main St., Slippery

Email schedule: playsafe@srpark.org and mail payment

Fax: 724-794-8181 and mail payment

Week Needed: OCT15-18 Due to the Park Office: Monday Oct 7, 2024 9 Child's Name:\_\_\_\_\_ School: Moniteau Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Child's Name: Teacher: Grade: Child's Name: Grade: \_\_\_\_\_ Teacher: **Arrival Time:** 7:15-7:29 1.25 hours of billing 7:30-8:35 1 hour of billing **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 child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_\_ \_\_\_\_\_ X \$4.25 = \$\_\_\_\_ Third child total hours for week (Minimum charge one hour per day is \$4.50) Morning Total \$\_\_\_\_ Due from prior week \$\_\_\_\_\_ TOTAL AMOUNT DUE \$\_\_\_\_\_

## Options for scheduling/ payment:

Credit card #:\_\_\_\_

Mail schedule and payment to: SRAP&R 320 N. Main St., Slippery

exp. date: \_\_\_\_\_ Zip code: \_\_\_\_ CSV#\_\_\_\_

Email schedule: playsafe@srpark.org and mail payment

Fax: 724-794-8181 and mail payment

Due to the Park Office: Monday Oct 14 2024 Week Needed: OCT21-25 10 School: Moniteau Child's Name:\_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Child's Name: Teacher: \_\_\_\_ Grade: \_\_\_\_\_ Child's Name:\_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: **Arrival Time:** 7:15-7:29 1.25 hours of billing 7:30-8:35 1 hour of billing **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 child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_\_ Third child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_\_ (Minimum charge one hour per day is \$4.50)

Morning Total \$\_\_\_\_ Due from prior week \$\_\_\_\_\_ TOTAL AMOUNT DUE \$\_\_\_\_\_

Credit card #:\_\_\_\_ exp. date: \_\_\_\_\_ Zip code: \_\_\_\_ CSV#\_\_\_\_

## Options for scheduling/ payment:

Mail schedule and payment to: SRAP&R 320 N. Main St., Slippery

Email schedule: playsafe@srpark.org and mail payment

Fax: 724-794-8181 and mail payment

Week Needed: OCT28-NOV1

Due to the Park Office: Monday Oct 21, 2024

11

Child's Name:	School: Moniteau	
Child's Name:		
Grade: Teacher: _		
Child's Name:		
Grade: Teacher: _		
	Arrival Time: 7:15-7:29 1.25 hours of billing	
	7:30-8:35 1 hour of billing	
<b>Before School Hours:</b> (Mark down th Monday Tuesd	σ,	TOTAL Week Hrs.
- · O		Weekins.
Coo Child		
Third Child		_
Compute the cost for the week. Fill	in the blanks below:	
First child total hours for week	X \$4.50 = \$	
Second child total hours for week 🛚	X \$4.25 = \$	
Third child total hours for week	X \$4.25 = \$	
(Minimum charge one hour per day is	\$4.50)	
Morning Total \$		
Due from prior week \$		
TOTAL AMOUNT DUE \$		
Credit card #:		
exp. date: Zip code:		
Options for scheduling/ payment:		
Mail schodule and nayment to: CDADOD	220 N. Main St. Slippon	

Mail schedule and payment to: <u>SRAP&R 320 N. Main St., Slippery</u>

Email schedule: <a href="mailto:playsafe@srpark.org">playsafe@srpark.org</a> and mail payment

Fax: 7<u>24-794-8181</u> and mail payment

Week Needed: NOV4-8 Due to the Park Office: Monday Oct 28, 2024 12 Child's Name:\_\_\_\_\_ School: Moniteau Grade: \_\_\_\_\_ Teacher: Child's Name:\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Child's Name:\_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ **Arrival Time:** 7:15-7:29 1.25 hours of billing 7:30-8:35 1 hour of billing **TOTAL Before School Hours:** (Mark down the time your child will be arriving) 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 child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_\_ Third child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_ (Minimum charge one hour per day is \$4.50) Morning Total \$\_\_\_\_\_ Due from prior week \$\_\_\_\_\_ TOTAL AMOUNT DUE \$ Credit card #:\_\_\_\_

### Options for scheduling/ payment:

Mail schedule and payment to: SRAP&R 320 N. Main St., Slippery

exp. date: \_\_\_\_\_ Zip code: \_\_\_\_ CSV#\_\_\_\_

Email schedule: playsafe@srpark.org and mail payment

Fax: 724-794-8181 and mail payment

Week Needed: NOV 13-15

Due to the Park Office: Monday Nov 4, 2024

1	3	

Child's Name:			School: Mon	iteau	
Grade:	Teacher:				
Child's Name:					
Grade:	Teacher:		-		
Child's Name:					
Grade:	Teacher:		_		
	1	Arrival Time 15-7:29 1.25 hour 30-8:35 1 hour of l	s of billing		
Before School Ho	urs: (Mark down the time	e your child will b	e arriving)		TOTAL
	nday Tuesday	Wednesday	Thursday	Friday	Week Hrs.
First Child				n <del></del>	
Sec. Child				1	
Third Child					
Compute the cos	t for the week. Fill in the	blanks below:			
	urs for week				
	hours for week				
	ours for week				
	one hour per day is \$4.50				
Morning Total \$					
Due from prior wee					
TOTAL AMOUNT DU					
Credit card #:					
	Zip code:				
Options for sched	duling/ payment:				
Mail schedule and p	payment to: SRAP&R 320 f	N. Main St., Slippe	ry		
Email a abadular alı	ave of a Cornerly are and mai	l novement			

Email schedule: <a href="mailto:playsafe@srpark.org">playsafe@srpark.org</a> and mail payment

Fax: 7<u>24-794-8181</u> and mail payment

week needed: N	OV 18-22	Due to th	e Park O	пісе: <b>Monda</b> y	/ Nov 11, 2024	14
Child's Name:				School: Mo	oniteau	
Grade:						
Child's Name:						
Grade:	Teacher:			_		
Child's Name:						
Grade:	Teacher:			_		
		Ar	rival Time	<u>e</u> :		
		7:15-7:29	1.25 hour	rs of billing		
		7:30-8:35	1 hour of	billing		
Before School Hours	s: (Mark down the tir	me your cl	nild will k	e arriving)		TOTAL
	ay Tuesday			Thursday	Friday	Week Hrs.
First Child						
Sec. Child						
Compute the cost fo	or the week. Fill in ti	he blanks	below:			
First child total hours						
Second child total ho						
Third child total hour		X \$4				

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

Due from prior week \$\_\_\_\_\_ TOTAL AMOUNT DUE \$\_\_\_\_\_ Credit card #:\_\_\_\_\_ exp. date: \_\_\_\_\_ Zip code: \_\_\_\_ CSV#\_\_\_\_

### Options for scheduling/ payment:

Mail schedule and payment to: SRAP&R 320 N. Main St., Slippery

Email schedule: <a href="mailto:playsafe@srpark.org">playsafe@srpark.org</a> and mail payment

Fax: 724-794-8181 and mail payment

Drop off @ Park office

Morning Total \$\_\_\_\_\_

Due to the Park Office: Monday Nov 18, 2024 Week Needed: NOV 25-26 15 Child's Name:\_\_\_\_\_ School: Moniteau Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Child's Name: Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Child's Name:\_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: **Arrival Time:** 7:15-7:29 1.25 hours of billing 7:30-8:35 1 hour of billing TOTAL **Before School Hours:** (Mark down the time your child will be arriving) Friday Monday Tuesday Wednesday Thursday 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 child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_ Third child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_ (Minimum charge one hour per day is \$4.50) Morning Total \$\_\_\_\_\_ Due from prior week \$\_\_\_\_\_ TOTAL AMOUNT DUE \$

### Options for scheduling/ payment:

Credit card #:\_\_\_\_\_

Mail schedule and payment to: SRAP&R 320 N. Main St., Slippery

exp. date: \_\_\_\_\_ Zip code: \_\_\_\_ CSV#\_\_\_\_

Email schedule: playsafe@srpark.org and mail payment

Fax: 724-794-8181 and mail payment

Week Needed: DEC 3-6

Due to the Park Office: Monday Nov 25, 2024

16

Child's Name:			School: Mon	iiteau	
	Teacher:				
Child's Name:					
Grade:	Teacher:				
Child's Name:					
Grade:	Teacher:				
	ſ	<u>Arrival Ti</u>			
		7:15-7:29 1.25 ho 7:30-8:35 1 hour			
Before School Hours: (N	1ark down the tin	ne your child wil	l be arriving)		TOTAL
Monday	Tuesday	Wednesday	Thursday	Friday	Week Hrs.
First Child					
Sec. Child					
Third Child					
Compute the cost for the	e week. Fill in th	e blanks below	•		
First child total hours for	week	X \$4.50 = \$			
Second child total hours	for week	X \$4.25 = \$	S		
Third child total hours for	week	X \$4.25 = \$	5		
(Minimum charge one ho	ur per day is \$4.5	50)			
Morning Total \$					
Due from prior week \$					
TOTAL AMOUNT DUE \$					
Credit card #:			_		
exp. date: Zi			-		
Options for scheduling/	payment:				
Mail schedule and paymen	t to: <u>SRAP&amp;R 320</u>	N. Main St., Slipp	pery		

Email schedule: <a href="mailto:playsafe@srpark.org">playsafe@srpark.org</a> and mail payment

Fax: 7<u>24-794-8181</u> and mail payment

Week Needed: DEC 9-13 Due to the Park Office: Monday Dec 2, 2024 17 Child's Name:\_\_\_\_\_ School: Moniteau Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Child's Name: Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Child's Name:\_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ **Arrival Time:** 7:15-7:29 1.25 hours of billing 7:30-8:35 1 hour of billing **TOTAL Before School Hours:** (Mark down the time your child will be arriving) Tuesday Wednesday Monday 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 child total hours for week \_\_\_\_\_ X \$4.25 = \$\_\_\_\_\_ Third child total hours for week X \$4.25 = \$ (Minimum charge one hour per day is \$4.50)

Morning Total \$\_\_\_\_\_ Due from prior week \$ TOTAL AMOUNT DUE \$

Credit card #:\_\_\_ exp. date: \_\_\_\_\_ Zip code: \_\_\_\_ CSV#\_\_\_\_

#### Options for scheduling/ payment:

Mail schedule and payment to: SRAP&R 320 N. Main St., Slippery

Email schedule: <a href="mailto:playsafe@srpark.org">playsafe@srpark.org</a> and mail payment

Fax: 724-794-8181 and mail payment

Week Need	ed: DEC	16-20	Due to th	e Park O	ffice: <mark>Monday</mark>	Dec 9, 2024	18
Child's Name:	·				School: Mo	niteau	
Grade:		Teacher:					
Child's Name							
Grade:		Teacher:			_		
Child's Name:							
Grade:		Teacher:			_		
			Aı	rival Tim	<u>e</u> :		
			7:15-7:29	1.25 hou	rs of billing		
			7:30-8:35	1 hour of	billing		
Before School	l <b>Hours:</b> (N	ark down the ti	me your c	hild will I	oe arriving)		TOTAL
	Monday	Tuesday	Wedi	nesday	Thursday	Friday	Week Hrs.
First Child							
Sec. Child							
Third Child							

First child total hours for week	X \$4.50 = \$				
Second child total hours for week	X \$4.25 = \$				
Third child total hours for week	X \$4.25 = \$				
(Minimum charge one hour per day is \$4.50)					

Morning Total \$			
Due from prior week	\$		
TOTAL AMOUNT DUE	\$		
Credit card #:			
exp. date:	_ Zip code: _	CSV#	

# Options for scheduling/ payment:

Mail schedule and payment to: SRAP&R 320 N. Main St., Slippery

Email schedule: <a href="mailto:playsafe@srpark.org">playsafe@srpark.org</a> and mail payment

Fax: 724-794-8181 and mail payment