

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: \_\_\_\_\_

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)

	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 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 Rock

Email schedule: [playsafe@srpark.org](mailto:playsafe@srpark.org) and mail payment

Fax: 724-794-8181 and mail payment

Drop off @ Park office

**DO NOT give to school office or to Playsafe Supervisor**

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: \_\_\_\_\_

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

**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 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

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Drop off @ Park office

**DO NOT give to school office or to Playsafe Supervisor**

Week Needed: OCT15-18

Due to the Park Office: Monday Oct 7, 2024

9

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

**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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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:**

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Drop off @ Park office

**DO NOT give to school office or to Playsafe Supervisor**

**Week Needed: OCT21-25**

**Due to the Park Office: Monday Oct 14 2024**

**10**

**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

**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 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

Drop off @ Park office

**DO NOT give to school office or to Playsafe Supervisor**

**Week Needed: OCT28-NOV1**

**Due to the Park Office: Monday Oct 21, 2024**

**11**

**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

**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 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., Slippy

Email schedule: playsafe@srpark.org and mail payment

Fax: 724-794-8181 and mail payment

Drop off @ Park office

**DO NOT give to school office or to Playsafe Supervisor**



Week Needed: NOV4-8

Due to the Park Office: Monday Oct 28, 2024

12

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

**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 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

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Fax: 724-794-8181 and mail payment

Drop off @ Park office

**DO NOT give to school office or to Playsafe Supervisor**

Week Needed: NOV 13-15

Due to the Park Office: **Monday Nov 4, 2024**

13

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

**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 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

Drop off @ Park office

**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:** 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

**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 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

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Fax: 724-794-8181 and mail payment

Drop off @ Park office

**DO NOT give to school office or to Playsafe Supervisor**



Week Needed: NOV 25-26

Due to the Park Office: Monday Nov 18, 2024

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

**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 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

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Fax: 724-794-8181 and mail payment

Drop off @ Park office

**DO NOT give to school office or to Playsafe Supervisor**

Week Needed: DEC 3-6

Due to the Park Office: Monday Nov 25, 2024

16

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

**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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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

Drop off @ Park office

**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: 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

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Third Child	_____	_____	_____	_____	_____	_____

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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# \_\_\_\_\_

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Drop off @ Park office

**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: 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

**Before School Hours:** (Mark down the time your child will be arriving)

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL Week Hrs.
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Sec. Child	_____	_____	_____	_____	_____	_____
Third Child	_____	_____	_____	_____	_____	_____

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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# \_\_\_\_\_

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