Week Needed: APR 14-18				Due to the Park Office: APR 7, 2025							
<b>Child's Nam</b> Grade:							School:	(Circle)	М	SR	
Child's Nam Grade:						<b>Child's Na</b> Grade:	me:				
		OPERATION 8:45AM		M	<b>IORNING PLA</b> Flat Rate of		our delay, ormal time!				
<b>-</b> :	ool Hours: Monday		the day(s) yo Tuesday	our child w - - -	vill be attend Wednesd		Thursda	ау 		Friday	TOTAL # of Days
		First child	<b>he cost for th</b> total days fo ird, etc. child	r week	X \$12 X \$11.		-				
				3:15-4:15 - 4:16-5:15 -	eparture Tim · 1 hour of bill · 2 hours - 3 hours						
After Schoo First Child Sec. Child Third Child	N <b>Hours</b> : (M Monday		ne time your Tuesday	child will b - -	be picked up Wednesd		Thursda	ау		Friday	TOTAL Week Hrs.
(Minimum c	harge one l	First child Second, th	ird, etc. child	or week	X \$6 X \$5.'	.00 = \$	_				
	First Time C	are due the M	onday <i>prior</i> t 5	o the week	needed.			After <i>(Late</i> <i>(Due</i>	-	īotal <i>rior week)</i>	\$ \$ \$
Mail Schedul Email Schedu Fax: 724-794 Submit Sche	e and Paym ule: playsaf -8181 and <i>m</i>	<b>ent to:</b> e@srpark.org p <i>ail payment</i>	g and <i>mail pa</i> y	0 N. Main S	<b>'MENT</b> t., Slippery Re	ock PA 16057		ΤΟΤΑ	LAMO	UNT DUE	\$
		-		exp. date	: Z	ip code:	CSV#_				

Week Neede	ed: A	PR 21-25		Due to the	Park Office:	APR 1	<mark>.4, 202</mark> 5	5			34
Child's Name:	·					Sc	hool: (C	circle)	М	SR	
Grade:											
Child's Name:	:				Child	d's Name:_					
Grade:						le:					
	HOURS OF O				RNING PLAYSAFE					vent of a 2 h	•
	7:00-8:4	INACI		F	lat Rate of \$12			Play	ysare v	vill open at r	ormal time!
Before Schoo		ark down t		ur child will		-				<b>-</b> · ·	TOTAL
First Child Sec. Child	Monday		Tuesday 	-	Wednesday		hursday			Friday	# of Days
Third Child				_				_			
	C	compute th	e cost for th	ne week. Fill	in the blanks bel	ow:					
	5	second, thi	rd, etc. child	ren	X \$11.75 = \$						
					Morning Total: \$	<b>-</b>					
				Dep	arture Time:						
					hour of billing						
				4:16-5:15 - 2							
				5:16 - 6:15 - 3	3 hours						
After School H	Hours: (Mar	k down the	e time your o	child will be p	picked up)						TOTAL
_	Monday		Tuesday		Wednesday	Т	hursday			Friday	Week Hrs.
First Child				-				_			
Sec. Child				-				_			
Third Child				-							
					in the blanks bel						
					X \$6.00 = \$_						
					X \$5.75 = \$						
(Minimum cha	arge one hou	ir per day i	s \$6.UU)		Afternoon Total:	\$	i				
_											
	<u>ate Fee Polic</u>	-							ing To		\$
			onday <i>prior</i> 1	o the week ne	eded.				noon T	otal	\$
	First Time Offe	-						•	Fee)	rian waak)	\$
3	Second Time (	mense. \$23	)						-	rior week) UNT DUE	\$ <b>\$</b>
	<u>OPTI</u>	ONS FOR S	CHEDULING	AND PAYME	<u>ENT</u>						T
Mail Schedule Email Schedule					Slippery Rock PA 1	6057					
Fax: 724-794-8											
Submit Schedu	le and Paymo	ent in Park	Office								
Credit card #:_				_exp. date:	Zip code: _		CSV#				

Week Needed:		APR 28-MAY 2		Due to the Park Office: Monday APR 21, 2025							
Child's Nam	ne:						School: (Ci	rcle)	м	SR	
Grade:		Teacher: _									
Child's Nam	1e:				(	Child's Nam	ne:				
Grade:		Teacher: _				Grade:					
	HOURS OF	OPERATION			MORNING PLAYSA	]	*Ir	n the e	vent of a 2 h	our delay,	
	7:00-	8:45AM			Flat Rate of \$12		Play	safe w	/ill open at n	ormal time!	
Before Sch	ool Hours:	(Mark down	the day(s) y	our child v	will be attending)						TOTAL
	Monday		Tuesday		Wednesday		Thursday			Friday	# of Days
First Child Sec. Child				_				-			
Third Child		_		_				-			
		- Compute th	he cost for t	he week	Fill in the blanks	helow:		-			
		•			X <b>\$</b> 12 =	\$					
		Second, thi	ird, etc. child	lren	X \$11.75 =						
					Morning To	al: \$					
					<u>Departure Time:</u>		]				
					- 1 hour of billing						
					- 2 hours 5 - 3 hours						
				·			1				
After Schoo		lark down th	-	child will	be picked up)		<b>-</b> , ,				TOTAL
First Child	Monday		Tuesday		Wednesday		Thursday			Friday	Week Hrs.
Sec. Child				_				-			
Third Child		_		_				-			
		Computo th	o cost for t	ho wook	Fill in the blanks	holow					
					X \$6.00		_				
				dren	X \$5.75 =	\$					
(Minimum d	charge one l	hour per day	is \$6.00)		Afternoon To	tal: <b>\$</b>					
	Late Fee Po							Morni	ng Tot	al	\$
		are due the M	onday <i>prior</i>	to the weel	k needed.			Aftern		otal	\$
	First Time C	)ffense: \$10 e Offense: \$2!	5					(Late	•	rior week)	\$ \$
	Second min	e onense. 42.	5						-	UNT DUE	\$
		TIONS FOR S									
Email Sched		e@srpark.org			St., Slippery Rock	PA 16057					
	4-8181 and <i>m</i>	<i>ail payment</i> yment in Park	Office								
JUNIIIL SCHE	aute ditu Fa	yment in Park	Unice								
Credit card	#:			exp. date	e: Zip co	ode:	CSV#				

Week Needed:		MAY 5-9		Due to the Park Office: Monday APR 28, 2025							
Child's Nam	ne:						School: (C	ircle)	м	SR	
Grade:		Teacher: _									
Child's Nam	ne:				c	hild's Nan	ne:				
Grade:						Grade:					
	HOURS OF	OPERATION			MORNING PLAYSA	FE	1	*lı	n the e	event of a 2 h	iour delav.
	7:00-	8:45AM			Flat Rate of \$12						normal time!
Before Sch	ool Hours:	(Mark down	the dav(s) v	our child y	will be attending)						TOTAL
Denore Den	Monday		Tuesday		Wednesday		Thursday			Friday	# of Days
First Child		_		_				_			
Sec. Child		_		_				_			
Third Child		_		_				_			
		Compute tl	ne cost for t	he week.	Fill in the blanks	below:					
		First child	total days fo	r week	X <b>\$12</b> =	\$					
		Second, th	rd, etc. child	dren	X \$11.75 =						
					Morning Tot	al: \$					
				<u> </u>	Departure Time:		1				
				3:15-4:15	- 1 hour of billing						
					- 2 hours						
				5:16 - 6:15	5 - 3 hours						
After Schoo	ol Hours: (N	lark down th	e time your	child will	be picked up)						TOTAL
	Monday		Tuesday		Wednesday		Thursday			Friday	Week Hrs.
First Child		_		_				_			
Sec. Child		_		_				_			
Third Child		_		_							
		Compute ti	ne cost for t	he week.	Fill in the blanks	below:					
					X \$6.00		_				
					X \$5.75 =						
(Minimum d	charge one	hour per day	is <b>\$</b> 6.00)		Afternoon To	tal: <b>\$</b>					
	Late Fee Po							Morni	ing To	tal	ć
			ondav <i>prior</i>	to the weel	k needed.			Afterr	-		\$ \$
Schedules are due the Monday <i>prior</i> First Time Offense: \$10								(Late			\$
	Second Tim	e Offense: \$2	5					(Due f	from p	rior week)	\$
								TOTAI	LAMO	OUNT DUE	\$
Mail Schodu	UF Ile and Paym	PTIONS FOR S			<u>YMENI</u> St., Slippery Rock I	20 16057					
Email Sched		e@srpark.org			i, Suppery Nock i	A 10037					
		yment in Park	Office								
		-									
Credit card	#:			exp. date	e: Zip co	de:	CSV#				

Week Needed:		MAY 12-16		Due to	the Park Office:	Mond	IAY 5, 2025				
Child's Nam	e:						School: (C	ircle)	м	SR	
Grade:											
Child's Nam	e:					Child's Nai	me:				
Grade:						Grade:					
		OPERATION 8:45AM		MORNING PLAYSAFE Flat Rate of \$12			7	our delay, formal time!			
	7.00-	0.43AM		L				1 (0)	ysale v	witt open at i	iormat time:
Before Scho		(Mark down		our child	will be attending)						TOTAL
First Child Sec. Child	Monday		Tuesday	_	Wednesday		Thursday	_		Friday	# of Days
Third Child		_		_				_			
		Compute th	ne cost for t	he week.	Fill in the blanks	below:					
					X \$12 =	\$	_				
		Second, thi	rd, etc. child	lren	X \$11.75 =						
					Morning To	al: <b>\$</b>					
					Departure Time:		7				
				1	i – 1 hour of billing						
				4:16-5:15	- 2 hours						
				5:16 - 6:1	5 - 3 hours						
After Schoo	Hours: (N	lark down th	o timo vour	child will	l be picked up)						TOTAL
Aller Schoo	Monday		Tuesday		Wednesday		Thursday			Friday	Week Hrs.
First Child											
Sec. Child				_				_			
Third Child		_		_				_			
		Commute th	a and for t	ha waali	Fill in the blanks	h a law					
					Fill in the blanks \$6.00 X						
					X \$5.75 =		-				
(Minimum c	harge one l	hour per day			Afternoon To		-				
	5	. ,									
	Lata Da Da	lieva						Morn	ina Ta	tal	ć
	Late Fee Po Schedules a	are due the M	ondav <i>nrior</i>	to the wee	k needed				ing To noon 1		\$ \$
	First Time C								Fee)	lotat	\$ \$
		e Offense: \$2	5					•		rior week)	\$
							_	TOTA	LAMO	OUNT DUE	\$
M 11 6 1 1 1		TIONS FOR									
Mail Schedul Email Sched Fax: 724-794	<b>ule</b> : playsaf	e@srpark.org			St., Slippery Rock	PA 16057					
		yment in Park	Office								
Owedla and I	4.						0014				
Great card #	r			exp. dat	te: Zip co	ue	USV#				

Week Needed:		MAY 19-23		Due to the Park Office: Monday MAY 12, 2025								
Child's Nam	ne:						School:	(Ciro	cle)	м	SR	
Grade:												
Child's Nam	ne <sup>.</sup>					Child's Nai	me <sup>.</sup>					
Grade:						Grade:						
				,			_					
		• 8:45AM			MORNING PLA Flat Rate of			nour delay, normal time!				
	7.00	0.407.01		L		Ψ12			i tuy	Suic V	int open at i	ionnat time.
Before Sch		(Mark down		our child	will be attend							TOTAL
First Child	Monday		Tuesday		Wednesd	ау	Thursd	lay			Friday	# of Days
Sec. Child				-								
Third Child		_		_								
		Compute th	he cost for t	ho wook	Fill in the bla	nks helow:						
					X \$12		_					
					X \$11.	75 = \$						
					Morning	Total: <b>\$</b>						
					Departure Tim	e:	7					
				3:15-4:15	- 1 hour of bill	ing						
					- 2 hours							
				5:16 - 6:1	5 - 3 hours							
After Schoo	ol Hours: (N	lark down th	ie time your	child will	be picked up	)						TOTAL
	Monday		Tuesday		Wednesd	ау	Thursd	lay			Friday	Week Hrs.
First Child		_		_								
Sec. Child Third Child		_		_								
		_		_								
					Fill in the bla							
					X\$6		-					
(Minimum d	charge one	hour per day		iren	X \$5.' Afternool	/ 5 =	_					
(Minimum C	endige one		15 \$0.007		Anernoor							
	Late Fee Po	aliev:				-			Morni	ng To	tal	¢
		are due the M	onday <i>prior</i>	to the wee	k needed.					ng ro noon T		\$ \$
First Time Offense: \$10								(	(Late	Fee)		\$
	Second Tim	e Offense: \$2	5								rior week)	\$
	OF	TIONS FOR	SCHEDULIN	G AND PA	YMENT			I	IUIAL	. AMU	OUNT DUE	\$
	le and Paym	ent to:	SRAP&R 32	0 N. Main	St., Slippery Ro	ock PA 16057						
		e@srpark.org	and <i>mail pa</i>	yment								
		<i>nail payment</i> yment in Park	Office									
		-										
Credit card	#:			exp. dat	e: Zi	p code:	CSV#	ŧ				

Child's Name:	Week Needed:	MAY 26-30	D	Due to the Park Office: Monday MAY 19, 2025								
Child's Name:	Child's Name:					School: (C	ircle)	м	SR			
Grade:       Teacher:       Grade:       Teacher:       Teacher:         HOURS OF OPERATION 700-8x5AM       MORNING PLAYSAFE Flat Rate of \$12       In the event of a 2 hour delay, Playsafe will open at normal time!         Before School Hours:       (Mark down the day(s) your child will be attending) Monday       TOTAL         First Child       Tuesday       Wednesday       Thursday         First Child       Compute the cost for the week, Fill In the blanks below: First child total days for week       X \$12 = \$ Second, third, etc. children       X \$17.5 + \$ Second, third, etc. children         After School Hours:       (Mark down the time your child will be picked up)       TOTAL         Monday       Tuesday       Weekaday         First Child       Stafe - 515 - 3 hours         Sci. Child       Sci. Sci. Child         Monday       Tuesday         First Child       Monday         Sci. Child       Sci. Sci. Child         Morning Total       Sci. Sci. Child         Compute the cost for the week, Fill In the blanks below: First Child total	Grade:	Teacher: _										
Grade:       Teacher:       Grade:       Teacher:       Teacher:         HOURS OF OPERATION 700-8x5AM       MORNING PLAYSAFE Flat Rate of \$12       In the event of a 2 hour delay, Playsafe will open at normal time!         Before School Hours:       (Mark down the day(s) your child will be attending) Monday       TOTAL         First Child       Tuesday       Wednesday       Thursday         First Child       Compute the cost for the week, Fill In the blanks below: First child total days for week       X \$12 = \$ Second, third, etc. children       X \$17.5 + \$ Second, third, etc. children         After School Hours:       (Mark down the time your child will be picked up)       TOTAL         Monday       Tuesday       Weekaday         First Child       Stafe - 515 - 3 hours         Sci. Child       Sci. Sci. Child         Monday       Tuesday         First Child       Monday         Sci. Child       Sci. Sci. Child         Morning Total       Sci. Sci. Child         Compute the cost for the week, Fill In the blanks below: First Child total	Child's Name:				Child's N	lamo.						
Playsafe will open at normal time!         Before School Hours: (Mark down the day(s) your child will be attending)       TOTAL         First Child       Tuesday       Wednesday       Thursday       Friday       # of Days         First Child       Image: School Hours: (Mark down the cost for the week. Fill in the blanks below:       First child total days for week.       X \$12 = \$       \$         Sec.ond, third, etc. children       X \$12 = \$       \$       Sec.ond, third, etc. children       X \$17.5 = \$         Departure Time:         3:15-4:15 - 1 hour of billing       4:16-5:15 - 2 hours       Sec.ond, third, etc. child will be picked up)       TOTAL         Monday       Tuesday       Week Hrs.       Total \$       TOTAL         First Child       Image: Second, third, etc. child will be picked up)       TOTAL       TOTAL         First Child       Image: Second, third, etc. children       X \$5.75 = \$												
Playsafe will open at normal time!         Before School Hours: (Mark down the day(s) your child will be attending)       TOTAL         First Child       Tuesday       Wednesday       Thursday       Friday       # of Days         First Child       Image: School Hours: (Mark down the cost for the week. Fill in the blanks below:       First child total days for week.       X \$12 = \$       \$         Sec.ond, third, etc. children       X \$12 = \$       \$       Sec.ond, third, etc. children       X \$17.5 = \$         Departure Time:         3:15-4:15 - 1 hour of billing       4:16-5:15 - 2 hours       Sec.ond, third, etc. child will be picked up)       TOTAL         Monday       Tuesday       Week Hrs.       Total \$       TOTAL         First Child       Image: Second, third, etc. child will be picked up)       TOTAL       TOTAL         First Child       Image: Second, third, etc. children       X \$5.75 = \$												
Before School Hours: (Mark down the day(s) your child will be attending)       TOTAL         First Child       Tuesday       Wednesday       Thursday         First Child       Compute the cost for the week. Fill in the blanks below:       First child total days for weekX \$12 - \$         Sec. Child       Second, third, etc. children      X \$12 - \$         Moning Total: \$	HOU		Г									
Monday       Tuesday       Wednesday       Thursday       Friday       # of Days         First Child			L		-			, our o	ritt open at i			
First child						<b>T</b> I			<b>F</b> ull days			
Compute the cost for the week. Fill in the blanks below:         First child total days for week       X \$12 = \$	First Child Sec. Child	nday								# of Days		
First child total days for week       X \$12 = \$	Third Child				 		_					
Second, third, etc. children       X \$11.75 = \$												
Departure Time: 3:15-4:15 - 1 hour of billing 4:16-5:15 - 2 hours 5:16 - 6:15 - 3 hours         After School Hours: (Mark down the time your child will be picked up)         TOTAL         Monday       Tuesday       Wednesday       Thursday       Friday       Week Hrs.         First Child       Image: Compute the cost for the week. Fill in the blanks below: First child total hours for week       X \$6.00 = \$       Image: Compute the cost for the week. Fill in the blanks below: First child total hours for week       X \$5.75 = \$       Image: Compute the cost for the week. Fill in the blanks below: First child total hours for week       X \$5.75 = \$       Image: Compute the cost for the week needed.       Image: Compute the Monday prior to the week needed.       Image: Compute the Monday prior to the week needed.       Image: Compute the Monday prior to the week needed.       Image: Compute the Monday prior to the week needed.       Image: Compute the Monday prior to the week needed.       Image: Compute the Monday prior to the week needed.       Image: Compute the Monday prior to the week needed.       Image: Compute the Monday prior to the week needed.       Image: Compute to the Monday prior to the week needed.       Image: Compute to the Monday prior to the Week needed.       Image: Compute to the Monday prior to the Week needed.       Image: Compute to the Monday prior to the Week needed.       Image: Compute to the Monday prior Monday to the Week needed.       Image: Compute to the Monday to the Week needed.       Image: Compute to the Monday to the Week needed.       Image: Compute to the Week n												
3:15-4:15 - 1 hour of billing 4:16-5:15 - 2 hours 5:16 - 6:15 - 3 hours         After School Hours: (Mark down the time your child will be picked up)       TOTAL         First Child Sec. Child       Tuesday       Wednesday       Thursday       Friday       Week Hrs.         First Child		,										
3:15-4:15 - 1 hour of billing 4:16-5:15 - 2 hours 5:16 - 6:15 - 3 hours         After School Hours: (Mark down the time your child will be picked up)       TOTAL         First Child Sec. Child       Tuesday       Wednesday       Thursday       Friday       Week Hrs.         First Child												
3:15-4:15 - 1 hour of billing 4:16-5:15 - 2 hours 5:16 - 6:15 - 3 hours         After School Hours: (Mark down the time your child will be picked up)       TOTAL         First Child Sec. Child       Tuesday       Wednesday       Thursday       Friday       Week Hrs.         First Child			Г	Denarture	Time							
4:16-5:15 - 2 hours         5:16 - 6:15 - 3 hours         After School Hours: (Mark down the time your child will be picked up)         Monday       Tuesday         First Child       Tuesday         Wednesday       Thursday         Friday       Week Hrs.         First Child			3:	-								
After School Hours: (Mark down the time your child will be picked up)       TOTAL         Monday       Tuesday       Wednesday       Thursday       Friday       Week Hrs.         First Child					-							
Monday       Tuesday       Wednesday       Thursday       Friday       Week Hrs.         First Child			5:	16 - 6:15 - 3 hour	S							
Monday       Tuesday       Wednesday       Thursday       Friday       Week Hrs.         First Child		was (Marile daving th			(م ام					TOTAL		
First Child						Thursday			Friday			
Sec. Child       Compute the cost for the week. Fill in the blanks below:         First child total hours for week       X \$6.00 = \$		liddy	racoday	Wear	lesudy	That Sudy			Thady	Week III 5.		
Compute the cost for the week. Fill in the blanks below:         First child total hours for weekX \$6.00 = \$         Second, third, etc. childrenX \$5.75 = \$         (Minimum charge one hour per day is \$6.00)         Afternoon Total: \$         (Minimum charge one hour per day is \$6.00)         Afternoon Total: \$         (Minimum charge one hour per day is \$6.00)         Afternoon Total: \$         (Minimum charge one hour per day is \$6.00)         Afternoon Total: \$         Schedules are due the Monday prior to the week needed.         First Time Offense: \$10         Second Time Offense: \$25         OPTIONS FOR SCHEDULING AND 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         Submit Schedule and Payment in Park Office												
First child total hours for weekX \$6.00 = \$   Second, third, etc. childrenX \$5.75 = \$   (Minimum charge one hour per day is \$6.00)   Afternoon Total: \$   Late Fee Policy:   Schedules are due the Monday prior to the week needed.   First Time Offense: \$10   Second Time Offense: \$25   Morning Total \$ (Due from prior week) \$ (Due from prior week) \$ TOTAL AMOUNT DUE \$ TOTAL AMOUNT DUE \$ Submit Schedule and Payment in Park Office	Third Child						_					
First child total hours for weekX \$6.00 = \$   Second, third, etc. childrenX \$5.75 = \$   (Minimum charge one hour per day is \$6.00)   Afternoon Total: \$   Late Fee Policy:   Schedules are due the Monday prior to the week needed.   First Time Offense: \$10   Second Time Offense: \$25   Morning Total \$ (Due from prior week) \$ (Due from prior week) \$ TOTAL AMOUNT DUE \$ TOTAL AMOUNT DUE \$ Submit Schedule and Payment in Park Office		0										
Second, third, etc. children X \$5.75 = \$   (Minimum charge one hour per day is \$6.00) Afternoon Total: \$     Late Fee Policy: Schedules are due the Monday prior to the week needed.   First Time Offense: \$10 Second Time Offense: \$25     Detrions For Scheduling 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   Submit Schedule and Payment in Park Office												
(Minimum charge one hour per day is \$6.00)       Afternoon Total: \$         Late Fee Policy:       Morning Total         Schedules are due the Monday prior to the week needed.       Afternoon Total         First Time Offense: \$10       (Late Fee)         Second Time Offense: \$25       \$         OPTIONS FOR SCHEDULING AND PAYMENT       (Due from prior week)         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         Submit Schedule and Payment in Park Office       Submit Schedule and Payment in Park Office												
Late Fee Policy:       Morning Total          Schedules are due the Monday prior to the week needed.       Afternoon Total          First Time Offense: \$10       (Late Fee)       \$         Second Time Offense: \$25       (Due from prior week)       \$         OPTIONS FOR SCHEDULING AND PAYMENT       (Due from prior week)       \$         Mail Schedule and Payment to:       SRAP&R 320 N. Main St., Slippery Rock PA 16057       TOTAL AMOUNT DUE       \$         Fax: 724-794-8181 and mail payment       Fax: 724-794-8181 and mail payment       Submit Schedule and Payment in Park Office       Submit Schedule and Payment in Park Office	(Minimum charge											
Schedules are due the Monday prior to the week needed.       Afternoon Total       \$         First Time Offense: \$10       (Late Fee)       \$         Second Time Offense: \$25       (Due from prior week)       \$         OPTIONS FOR SCHEDULING AND PAYMENT       \$       TOTAL AMOUNT DUE       \$         Mail Schedule and Payment to:       SRAP&R 320 N. Main St., Slippery Rock PA 16057       TOTAL AMOUNT DUE       \$         Fax: 724-794-8181 and mail payment       Fax: 724-794-8181 and mail payment       Submit Schedule and Payment in Park Office       Submit Schedule and Payment in Park Office       Submit Schedule and Payment in Park Office	,	,,	,		· · · · · · · · · · · · · · · · · · ·							
First Time Offense: \$10       (Late Fee)       \$         Second Time Offense: \$25       (Due from prior week)       \$         OPTIONS FOR SCHEDULING AND PAYMENT       TOTAL AMOUNT DUE       \$         Mail Schedule and Payment to:       SRAP&R 320 N. Main St., Slippery Rock PA 16057       TOTAL AMOUNT DUE       \$         Email Schedule:       playsafe@srpark.org and mail payment       Fax: 724-794-8181 and mail payment	Late	Fee Policy:					Morni	ing To	tal	\$		
Second Time Offense: \$25       (Due from prior week)       \$         OPTIONS FOR SCHEDULING AND PAYMENT       TOTAL AMOUNT DUE       \$         Mail Schedule and Payment to:       SRAP&R 320 N. Main St., Slippery Rock PA 16057       TOTAL AMOUNT DUE       \$         Fax: 724-794-8181 and mail payment       Fax: 724-794-8181 and mail payment       Submit Schedule and Payment in Park Office       Submit Schedule and Payment in Park Office	Sche	dules are due the M	onday <i>prior</i> to t	he week needed.			After	noon T	Total	\$		
OPTIONS FOR SCHEDULING AND 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 in Park Office		=					•					
OPTIONS FOR SCHEDULING AND 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         Submit Schedule and Payment in Park Office	Seco	nd Time Offense: \$2	5					-		\$		
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         Submit Schedule and Payment in Park Office		OPTIONS FOR	SCHEDULING A				IUIA		JUNI DUE	\$		
Email Schedule: playsafe@srpark.org and <i>mail payment</i> Fax: 724-794-8181 and <i>mail payment</i> Submit Schedule and Payment in Park Office	Mail Schedule and				ry Rock PA 16057	1						
Credit card #: CSV#			c Office									
oreun caru #C3V#C3V#	Cradit card #		-	vn data:	7in code:	00//#						
	oreun taru #:		6		ip coue:	U3V#						

Week Needed: Ju		JUN 2-6		Due to the Park Office: Monday MAY 26, 2025								
Child's Nan	ne:					Sc	hool:	(Circle)	М	SR		
Grade:		Teacher: _										
Child's Nan	ne:				Child's	Name:						
Grade:		Teacher: _										
	HOURS OF			MORNI	NG PLAYSAFE			*	In the e	vent of a 2 h	our delav.	
	7:00-	8:45AM		Flat Rate of \$12			Playsafe will open at nor					
Before Sch	ool Hours:	(Mark down	the dav(s) v	our child will be	attending)						TOTAL	
	Monday	(	Tuesday		ednesday	TI	hursd	ау		Friday	# of Days	
First Child		_										
Sec. Child Third Child		_										
		_										
					the blanks below							
				r week	X \$12 = \$ X \$11.75 = \$							
			in u, etc. enne		lorning Total: <b>\$</b>							
					-							
				Departu	ire Time:							
				3:15-4:15 - 1 hour								
				4:16-5:15 - 2 hou	-							
				5:16 - 6:15 - 3 ho	urs							
After Schoo	ol Hours: (M	lark down th	ie time your	child will be pick	ked up)						TOTAL	
	Monday		Tuesday	-	dnesday	TI	hursd	ay		Friday	Week Hrs.	
First Child		_										
Sec. Child Third Child		_										
		_		_								
					the blanks below							
				or week dren	_ X \$6.00 = \$							
(Minimum d	charge one l	hour per day			ernoon Total: <b>\$</b>							
	5	. ,										
	Late Fee Po	lieve			]			Morr	ning To	tal.	ć	
			onday <i>prior</i>	to the week neede	ed.				noon T		\$ \$	
	First Time C	Offense: \$10						•	e Fee)		\$	
	Second Tim	e Offense: \$2	5				(Due from prio				\$	
	OF	TIONS FOR	SCHEDULIN	G AND PAYMENT	-			IUIA		UNT DUE	\$	
	le and Paym	ent to:	SRAP&R 32	0 N. Main St., Slip	_ pery Rock PA 1605	57						
	<b>lule</b> : playsaf 4-8181 and <i>m</i>	e@srpark.org	and <i>mail pa</i>	yment								
		yment in Park	Office									
		-			<b></b> .							
Credit card	#:			exp. date:	Zip code:		CSV#					