

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

School: (Circle) M SR

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

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

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

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

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

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

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

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

HOURS OF OPERATION

7:00-8:45AM

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	Tuesday	Wednesday	Thursday	Friday	TOTAL # of Days
First Child	_____	_____	_____	_____	<div></div>	_____
Sec. Child	_____	_____	_____	_____	<div></div>	_____
Third Child	_____	_____	_____	_____	<div></div>	_____

Compute the cost for the week. Fill in the blanks below:

First child total days for week \_\_\_\_\_ X \$12 = \$ \_\_\_\_\_

Second, third, etc. children \_\_\_\_\_ X \$11.75 = \$ \_\_\_\_\_

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

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)

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL Week Hrs.
First Child	_____	_____	_____	_____	<div></div>	_____
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Compute the cost for the week. Fill in the blanks below:

First child total hours for week \_\_\_\_\_ X \$6.00 = \$ \_\_\_\_\_

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

Morning Total

Afternoon Total

(Late Fee)

(Due from prior week)

TOTAL AMOUNT DUE

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

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

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

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

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

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

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

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Week Needed: MAY 5-9

Due to the Park Office: Monday APR 28, 2025

36

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

School: (Circle) M SR

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

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

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

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

Week Needed: MAY 12-16

Due to the Park Office: Monday MAY 5, 2025

37

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

School: (Circle) M SR

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

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

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

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

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

**HOURS OF OPERATION**

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