

Preschool Program

2025-2026



FLF

FRIENDS, LEARNING, AND FUN!

WHO CAN ATTEND?

3 & 4 year olds

ARE THERE ANY REQUIREMENTS?

MUST be potty trained

WHAT IS FLF?

The program is designed to provide opportunities and experiences that welcome and encourage your child to explore and learn through purposeful play!

WHAT IS THE GOAL OF FLF?

To foster your child's social, emotional, physical, cognitive, language, and literacy development all while increasing their love for learning!

WHEN IS CLASS?

FLF is held on Tuesdays, Wednesdays, and Thursdays from 9:00am to 11:30am

PRE-K

PRE-KINDERGARTEN!

WHO CAN ATTEND?

4 & 5 year olds

WHAT IS PRE-K?

The program is designed to provide a play based education to help prepare your child for kindergarten!

WHAT IS THE GOAL OF PRE-K?

To build on early academic as well as social and emotional skill sets established within FLF. We also introduce new concepts in fun and engaging ways!

WHEN IS CLASS?

Pre-K is held Mondays through Thursdays from 9:30am to 12:00pm



SLIPPERY ROCK AREA

Register Today!

PARKS & RECREATION

HOW DO I Register?

WHAT DO I NEED TO TURN IN WHEN REGISTERING?



- ☐ \$50 *non-refundable* registration fee
- ☐ Registration Form
- ☐ Emergency Contact/Parental Consent Form
- ☐ Child Health Report
- ☐ *Signed* Financial Agreement



WHERE CAN I SUBMIT MY REGISTRATION PACKET?

Registration can be completed online on our website, turned in by mail, turned into the office during hours, faxed to us, or dropped off in the Park drop box located on our front door!

Registration **MUST** be completed and turned in with your *\$50 non-refundable registration fee*. We accept cash, card, or check! Please make checks payable to SRAP&R.

MAILING ADDRESS:

Slippery Rock Area Parks & Rec
320 N. Main Street
Slippery Rock, PA 16057

FAX NUMBER:

724-794-8181

OFFICE HOURS

Monday through Friday
7:30am to 3:30 pm

Phone Number: 724-794-8180



General Information

ORIENTATION

Orientation will take place a week before school starts!

It will be held on Thursday, August 28th, 2025

Orientation materials will be sent to those who registered on August 1st, 2025

PAYMENT

Payment will be made on a **MONTHLY** basis as outlined in the financial agreement.

LOCATION

FLF and Pre-K are both held in the Slippery Rock Area Parks and Rec Recreation Center located next to our office!



Extended Day

WHAT IS EXTENDED DAY?

Extended Day is an additional program that is offered to FLF and Pre-K students. Enrolling in extended day is OPTIONAL! Extended day focuses on providing additional structured play and learning opportunities. The activities are selected by the teachers and typically follow a theme or overall concept of focus! Themes and concepts vary month to month.

HOW DO I SIGN UP FOR EXTENDED DAY?

Flyers for extended day will be distributed monthly and sent home in each child's folder. There will be additional copies available in the office and Rec Center if needed! Ensure to turn in the respective form by the due date for each month to secure a spot in Extended Day!

WHEN IS EXTENDED DAY OFFERED?

Extended Day is offered on Tuesdays, Wednesdays, and Thursdays.

If your child is enrolled in FLF, they will be able to attend Extended Day from 11:30am to 2pm. Pre-K students will attend Extended Day from noon to 2pm.

HOW DOES PAYMENT WORK FOR EXTENDED DAY?

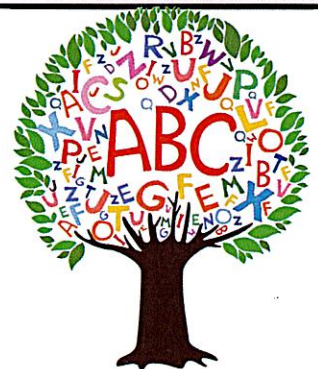
- ☐ Payment is collected on a monthly basis
- ☐ This payment is SEPARATE from the monthly tuition for FLF and Pre-K
- ☐ Pricing will vary each month based on the number of days offered. Details are enclosed on the provided form each month.
- ☐ The office accepts cash, check, or card as appropriate payment methods

DO I HAVE TO ENROLL FOR ALL THREE DAYS OF EXTENDED DAY?

No, you do NOT have to enroll for all three days of Extended Day. As previously mentioned, this is an optional and additional program that is offered.

You can choose to enroll for one day, two days, or three days! Just make sure you mark the days your child will be attending Extended Day on the monthly form.

**We look forward
to introducing your
Child to the
World of learning**



EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILD'S NAME		DATE OF BIRTH	
ADDRESS			
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER ()	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
EMERGENCY CONTACT PERSON(S)		NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED		NAME	ADDRESS
			TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:		SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT	
ADDRESS:		TITLE:	
PHONE:	LICENSE NUMBER:	DATE FORM SIGNED:	

Parents may write immunization dates; health professional should verify and complete all data.

FLF Financial Agreement

2025-2026

FLF will be held Tuesdays, Wednesdays, and Thursdays as indicated by the predetermined schedule. Class will be held from 9:00am to 11:30am each day.

You will receive a monthly tuition bill at the beginning of each month. Payment is **due by the 15th of each month**. Payment can be submitted in the form of cash, check, or credit card. Payment can be dropped in the office, the office drop box if after hours, or be mailed to the office. Credit card payments can be taken over the phone.

Please note that all credit/debit card transactions will be charged a minimum \$3.00 fee for each transaction

Child's Name: _____

Tuition Cost: \$1,250.00

Breakdown of Payment:

Total — \$1,500.00

— **-\$50.00** (Non-refundable registration deposit)

— **\$1,450** (Remaining Amount; Divided equally amongst the 9 months of the program)

— **÷9 months**

— **\$161.11 per month**

** Your May invoice will be adjusted to reflect the final amount owed**

As the parent/guardian of _____:

- ☐ I agree to pay the above amount
- ☐ I understand that there is a \$25 late fee for any payment not received by the 15th of the month
- ☐ I understand that a late pick up fee of \$10 per occurrence will be charged for my child repeatedly not being picked up within 10 minutes of dismissal.
- ☐ I understand that Slippery Rock Area Parks and Recreation reserves the right to suspend or expel my child if payment is not received.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARK DIRECTOR

DATE

PreK Financial Agreement

2025-2026

Pre-K will be held Mondays, Tuesdays, Wednesdays, and Thursdays as indicated by the predetermined schedule.
Class will be held from 9:30am to 12:00pm each day.

You will receive a monthly tuition bill at the beginning of each month. Payment is **due by the 15th of each month**. Payment can be submitted in the form of cash, check, or credit card. Payment can be dropped in the office, the office drop box if after hours, or be mailed to the office. Credit card payments can be taken over the phone.

Please note that all credit/debit card transactions will be charged a minimum \$3.00 fee for each transaction

Child's Name: _____

Tuition Cost: \$1,450.00

Breakdown of Payment:

Total — \$1,740.00

— **-\$50.00** (Non-refundable registration deposit)

— **\$1,690** (Remaining Amount; Divided equally amongst the 9 months of the program)

— **÷9 months**

— **\$187.78 per month**

** Your May invoice will be adjusted to reflect the final amount owed**

As the parent/guardian of _____:

- ☐ I agree to pay the above amount
- ☐ I understand that there is a \$25 late fee for any payment not received by the 15th of the month
- ☐ I understand that a late pick up fee of \$10 per occurrence will be charged for my child repeatedly not being picked up within 10 minutes of dismissal.
- ☐ I understand that Slippery Rock Area Parks and Recreation reserves the right to suspend or expel my child if payment is not received.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARK DIRECTOR

DATE

September 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8 PreK FLF	9 PreK FLF	10 PreK FLF	11 PreK FLF	12	13
14	15 PreK	16 PreK FLF	17 PreK FLF	18 PreK FLF	19	20
21	22 PreK	23 PreK FLF	24 PreK FLF	25 PreK FLF	26	27
28	29 PreK	30 PreK FLF				

October 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 PreK FLF	2 PreK FLF	3	4
5	6 PreK	7 PreK FLF	8 PreK FLF	9 PreK FLF	10	11
12	13	14 PreK FLF	15 PreK FLF	16 PreK FLF	17	18
19	20 PreK	21 PreK FLF	22 PreK FLF	23 PreK FLF	24	25
26	27 PreK	28 PreK FLF	29 PreK FLF	30 PreK FLF	31	

November 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 PreK	4	5 PreK FLF	6 PreK FLF	7	8
9	10 PreK	11	12 PreK FLF	13 PreK FLF	14	15
16	17 PreK	18 PreK FLF	19 PreK FLF	20 PreK FLF	21	22
23	24 PreK	25 PreK	26	27	28	29
30						

December 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2 PreK FLF	3 PreK FLF	4 PreK FLF	5	6
7	8 PreK	9 PreK FLF	10 PreK FLF	11 PreK FLF	12	13
14	15 PreK	16 PreK FLF	17 PreK FLF	18 PreK FLF	19	20
21	22 PreK	23	24	25	26	27
28	29	30	31			

January 2026

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5 PREK	6 PREK FLF	7 PREK FLF	8 PREK FLF	9	10
11	12 PREK	13 PREK FLF	14 PREK FLF	15 PREK FLF	16	17
18	19	20 PREK FLF	21 PREK FLF	22 PREK FLF	23	24
25	26 PREK	27 PREK FLF	28 PREK FLF	29 PREK FLF	30	31

February 2026

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 PREK	3 PREK FLF	4 PREK FLF	5 PREK FLF	6	7
8	9 PREK	10 PREK FLF	11 PREK FLF	12 PREK FLF	13	14
15	16 SNOW MAKE-UP DAY	17 PREK FLF	18 PREK FLF	19 PREK FLF	20	21
22	23 PREK	24 PREK FLF	25 PREK FLF	26 PREK FLF	27	28

March 2026

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 PreK FLF	3 PreK FLF	4 PreK FLF	5 PreK FLF	6	7
8	9 PreK FLF	10 PreK FLF	11 PreK FLF	12 PreK FLF	13	14
15	16 PreK FLF	17 PreK FLF	18 PreK FLF	19 PreK FLF	20	21
22	23 PreK FLF	24 PreK FLF	25 PreK FLF	26 PreK FLF	27	28
29	30 PreK FLF	31 PreK FLF				

April 2026

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 PreK FLF	2 SNOW MAKE UP DAY	3	4
5	6 SNOW MAKE UP DAY	7 PreK FLF	8 PreK FLF	9 PreK FLF	10	11
12	13 PreK FLF	14 PreK FLF	15 PreK FLF	16 PreK FLF	17	18
19	20 PreK FLF	21 PreK FLF	22 PreK FLF	23 PreK FLF	24	25
26	27 PreK FLF	28 PreK FLF	29 PreK FLF	30 PreK FLF		

May 2026

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 PreK	5 PreK FLF	6 PreK FLF	7 PreK FLF	8	9
10	11 PreK	12 PreK FLF	13 PreK FLF	14 PreK FLF	15	16
17	18 PreK	19 PreK FLF	20 PreK FLF	21 PreK FLF	22	23
24	25	26 PreK FLF	27 PreK FLF	28 PreK FLF	29	30
31						

June 2026

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 PreK	2 FLF	3 FLF	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Please note these dates of FLF and Pre-K are tentative and can be changed due to weather or other circumstances. Any changes will be communicated upfront to families