

SUMMER PLAYSAFE

Week Needed: June 9-13

Due to the Park Office: Monday JUNE 2, 2025

1

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

If your child will be attending swim on Thursday, please make sure to indicate that in the appropriate box.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY			FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	SWIM	HALF	FULL
First Child											
Sec. Child											
Third Child											

Pick up is at the ARC

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
	SWIM	_____	x \$5.00	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: June 16-20

Due to the Park Office: Monday JUNE 9, 2025

2

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

If your child will be attending swim on Thursday, please make sure to indicate that in the appropriate box.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY			FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	SWIM	HALF	FULL
First Child											
Sec. Child											
Third Child											

Pick up is at the ARC

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
	SWIM	_____	x \$5.00	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: June 23-27

Due to the Park Office: Monday JUNE 16, 2025

3

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

If your child will be attending swim on Thursday, please make sure to indicate that in the appropriate box.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY			FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	SWIM	HALF	FULL
First Child											
Sec. Child											
Third Child											

Pick up is at the ARC

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
	SWIM	_____	x \$5.00	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: June 30 -July 4

Due to the Park Office: Monday JUNE 23, 2025

4

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

If your child will be attending swim on Thursday, please make sure to indicate that in the appropriate box.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY			FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	SWIM	HALF	FULL
First Child											
Sec. Child											
Third Child											

Pick up is at the ARC

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
	SWIM	_____	x \$5.00	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: July 7-11

Due to the Park Office: Monday JUNE 30, 2025

5

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

If your child will be attending swim on Thursday, please make sure to indicate that in the appropriate box.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY			FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	SWIM	HALF	FULL
First Child											
Sec. Child											
Third Child											

Pick up is at the ARC

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
	SWIM	_____	x \$5.00	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: July 14-18

Due to the Park Office: Monday JULY 7, 2025

6

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

If your child will be attending swim on Thursday, please make sure to indicate that in the appropriate box.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY			FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	SWIM	HALF	FULL
First Child											
Sec. Child											
Third Child											

Pick up is at the ARC

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
	SWIM	_____	x \$5.00	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: July 21-25

Due to the Park Office: Monday JULY 14, 2025

7

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

If your child will be attending swim on Thursday, please make sure to indicate that in the appropriate box.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY			FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	SWIM	HALF	FULL
First Child											
Sec. Child											
Third Child											

Pick up is at the ARC

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
	SWIM	_____	x \$5.00	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
	SWIM	_____	x \$5.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: July 28 - Aug 1

Due to the Park Office: Monday JULY 21, 2025

8

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL
First Child										
Sec. Child										
Third Child										

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: August 4-8

Due to the Park Office: Monday JULY 28, 2025

9

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL
First Child										
Sec. Child										
Third Child										

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: August 11-15

Due to the Park Office: Monday AUGUST 4, 2025

10

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL
First Child										
Sec. Child										
Third Child										

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: August 18-22

Due to the Park Office: Monday AUGUST 11, 2025

11

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL
First Child										
Sec. Child										
Third Child										

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*

Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor

SUMMER PLAYSAFE

Week Needed: August 25-29

Due to the Park Office: Monday AUGUST 18, 2025

12

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please indicate on each day your child(ren) will be attending if they will be present for a full day or half day.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL	HALF	FULL
First Child										
Sec. Child										
Third Child										

Please compute the cost for the week. Fill in the blanks below:

FIRST CHILD	# OF FULL DAYS	_____	x \$30.00	=	_____
	# OF HALF DAYS	_____	x \$21.60	=	_____
SECOND CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____
THIRD CHILD	# OF FULL DAYS	_____	x \$25.50	=	_____
	# OF HALF DAYS	_____	x \$18.00	=	_____

TOTAL

LATE FEE POLICY

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/keep credit card on file*
Fax: 724-794-8181 and *mail payment*

Submit Schedule and Payment in Park Office or in the Dropbox after hours

Credit card #: _____ exp. date: _____ Zip code: _____ CSV# _____

DO NOT give to Playsafe Supervisor