

Week Needed: SEPT. 4-5

Due to the Park Office: AUGUST 25, 2025

1

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

School: (Circle) M SR

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

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

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

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

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

Before School Hours: (Mark down the day(s) your child will be attending)

|             | Monday | Tuesday | Wednesday | Thursday | Friday | TOTAL<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child |        |         |           | _____    | _____  | _____              |
| Sec. Child  |        |         |           | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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](mailto: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# \_\_\_\_\_

DO NOT give to school office or to Playsafe Supervisor

Week Needed: SEPT. 8-12

Due to the Park Office: SEPTEMBER 1, 2025

2

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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., Slippy 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#** \_\_\_\_\_

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

Week Needed: SEPT. 15 - 19

Due to the Park Office: SEPTEMBER 8, 2025

3

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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**

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

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

Week Needed: SEPT. 22 - 26

Due to the Park Office: SEPTEMBER 15, 2025

4

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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 \$\_\_\_\_\_**

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

Week Needed: SEPT. 29 - OCT. 3

Due to the Park Office: SEPTEMBER 22, 2025

5

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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 \$\_\_\_\_\_**

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

Week Needed: OCT. 6 - 10

Due to the Park Office: SEPTEMBER 29, 2025

6

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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 \$\_\_\_\_\_**

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

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

Week Needed: OCT. 13 - 17

Due to the Park Office: OCTOBER 6, 2025

7

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child |        | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  |        | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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 \$\_\_\_\_\_**

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**Submit Schedule and Payment in Park Office**

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

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

Week Needed: OCT. 20 - 24

Due to the Park Office: OCTOBER 13, 2025

8

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third Child | _____  | _____   | _____     | _____    | _____  | _____              |

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

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**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<br>Week Hrs. |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
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(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 \$\_\_\_\_\_**

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**Submit Schedule and Payment in Park Office**

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

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



Week Needed: OCT. 27 - 31

Due to the Park Office: OCTOBER 20, 2025

9

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third Child | _____  | _____   | _____     | _____    | _____  | _____              |

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**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<br>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 \$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., Slippy 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#** \_\_\_\_\_

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

Week Needed: NOV. 3 - 7

Due to the Park Office: OCTOBER 27, 2025

10

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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., Slippy 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#** \_\_\_\_\_

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

Week Needed: NOV. 10 - 14

Due to the Park Office: NOVEMBER 3, 2025

11

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  |         | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  |         | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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#** \_\_\_\_\_

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

Week Needed: NOV. 17 - 21

Due to the Park Office: NOVEMBER 10, 2025

12

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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#** \_\_\_\_\_

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

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   |           |          |        | _____              |
| Sec. Child  | _____  | _____   |           |          |        | _____              |
| Third 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 \$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<br>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 \$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# \_\_\_\_\_

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child |        |         |           |          |        |                    |
| Sec. Child  |        |         |           |          |        |                    |
| Third 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 \$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<br>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 \$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#\_\_\_\_\_

Week Needed: DEC. 8 - 12

Due to the Park Office: DECEMBER 1, 2025

15

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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

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

**Submit Schedule and Payment in Park Office**

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

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

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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

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Submit Schedule and Payment in Park Office

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



Week Needed: DEC. 22 - 26

Due to the Park Office: DECEMBER 15, 2025

17

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<br># of Days |
|-------------|--------|---------|-----------|----------|--------|--------------------|
| First Child | _____  | _____   | _____     | _____    | _____  | _____              |
| Sec. Child  | _____  | _____   | _____     | _____    | _____  | _____              |
| Third 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 \$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<br>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 \$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**

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**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#** \_\_\_\_\_

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