Week Needed:	SEPT. 4-5	Due to the	Park Office: AUGUST	Γ 25, 2025			1
	Teacher:			School: (Ci	rcle) M	I SR	
	Teacher:		<b>Child's Na</b> Grade:	ame:			·
Before Colored House	(Marila dance that day	(-)	ha allow the all				
Monda First Child Sec. Child Third Child	:: (Mark down the day y Tues		be attending) Wednesday	Thursday		Friday	# of Days
	First child total da	ays for week	in the blanks below: X \$12 = \$ X \$11.75 = \$ Morning Total: \$	<del>-</del>			
		Depa 3:15-4:15 - 1 h 4:16-5:15 - 2 h 5:16 - 6:15 - 3	nours				
After School Hours:  Monda First Child Sec. Child Third Child	(Mark down the time y Tues		oicked up) Wednesday	Thursday	-	Friday	TOTAL Week Hrs.
	First child total ho	ours for week . children	in the blanks below: X \$6.00 = \$ X \$5.75 = \$ Afternoon Total: \$				
First Time Second T	s are due the Monday , e Offense: \$10 ime Offense: \$25 OPTIONS FOR SCHED	ULING AND PAYME	NT_			n Total	\$\$ \$\$ \$\$
Fax: 724-794-8181 and Submit Schedule and I	safe@srpark.org and <i>m</i> mail payment Payment in Park Office	ail payment	ilippery Rock PA 16057	2011			
Credit card #:		exp. date:	Zip code:	CSV#			

Week Nee	ded:	SEPT. 8-12		oue to the F	Park Office:	SEPT	EMBER 1,	2025			2
Child's Nam	e:					9	School: (Ci	rcle)	М	SR	
Grade:		Teacher:									
Child's Nam	e:				Child	d's Name	:				
Grade:		Teacher:			Grad	le:	_	Teach	er:		
			_								
		OPERATION 8:45AM			IING PLAYSAFE at Rate of \$12					vent of a 2 h vill open at n	our delay, normal time!
			_					,		0   0   1   1	
Before Scho	ool Hours: ( Monday	Mark down the	day(s) your Tuesday		e attending) Vednesday		Thursday			Friday	TOTAL # of Days
First Child	Monday		ruesuay	•	veullesday		Tilui Suay			Tilday	# OI Days
Sec. Child		_		_		_		-			
Third Child				_		-		-			
					the blanks belo	ow:					
		First child tota									
		Secona, tnira,	etc. chilare		_ X \$11.75 = \$ Morning Total: \$						
							_				
			Г	Donas	ture Time:						
			3	<del>تقوما</del> 1 hc: 15-4:15:							
			<b>I</b>	:16-5:15 - 2 h	•						
			5	:16 - 6:15 - 3 h	nours						
After Schoo	l Hours: (M	ark down the ti	me your chi	ld will be pio	cked up)						TOTAL
	Monday		Tuesday		Vednesday		Thursday			Friday	Week Hrs.
First Child				_		_		-			
Sec. Child Third Child		_		_		_		-			
		_		_		_		-			
					n the blanks belo X \$6.00 = \$_						
					_ X \$5.75 = \$						
(Minimum c	harge one h	our per day is \$	6.00)	Δ	fternoon Total: 9	\$					
	Late Fee Po							Morni	-		\$
	Schedules a	are due the Mond	lay <i>prior</i> to	the week nee	ded.			Aftern (Late		otal	\$ \$
		e Offense: \$25						•	•	rior week)	\$ \$
									-	UNT DUE	\$
Mail Schedul		TIONS FOR SCH			<u>IT</u> ippery Rock PA 16	4057					
Email Sched	<b>ule</b> : playsafe	@srpark.org and			ippery Noch i A IC						
Fax: 724-794											
Submit Sche	aule and Pay	ment in Park Off	ice								
Credit card t	<b>.</b>			vn dato:	7in code:		CSV#				

Week Needed:	:	SEPT. 15 - 19	•	Due to the Park Office: SEPTEMBER 8, 2025							3
Child's Name:							School: (0	Circle)	М	SR	
Grade:		Teacher:			_						
Child's Name:						Child's Naı	me:				
Grade:						Grade:					
							_				
<u>H0</u>	0 <b>URS OF (</b> 7:00-8	OPERATION ·45ΔM		<u>M</u>	ORNING PL Flat Rate o					vent of a 2 h	nour delay, normal time!
						-	_		, 54.6 1	· · · · · · · · · · · · · · · · · · ·	
Before School H		∕lark down t		our child w			Thuraday			Friday	TOTAL
	onday 		Tuesday		Wednes	uay	Thursday			Friday	# of Days
Sec. Child				_							
Third Child				_				_			
		Compute th	e cost for th	ne week. F	ill in the bl	anks below:					
			otal days fo				_				
		Second, thi	rd, etc. child	ren		1.75 = \$					
					Mornin	g Total: \$					
				1	eparture Tin						
				1	1 hour of bi	lling					
				4:16-5:15 - 5:16 - 6:15							
							_				
After School Ho		ark down the	-	child will b	-		Thursday	,		Eriday	TOTAL
	onday 		Tuesday		Wednes	uay	Thursday	1		Friday	Week Hrs.
Sec. Child				_		<u> </u>		_			
Third Child				_				_			
		Compute th	e cost for th	ne week. F	ill in the bl	anks below:					
						6.00 = \$					
		, -	rd, etc. child	ren			_				
(Minimum charg	ge one ho	our per day	ıs \$6.UU)		Afterno	on Total: \$					
	Fee Poli								ing To		\$
		e due the Mo fense: \$10	onday <i>prior</i> t	o the week	needed.				noon T <i>Fee)</i>	otal	\$ \$
		Offense: \$25	i							rior week)	\$
							_		-	UNT DUE	\$
Mail Schedule and			SPADCD 32			Rock PA 16057					
Email Schedule: Fax: 724-794-818	playsafe(	@srpark.org			, Stippery r	OCK FA 10037					
Submit Schedule			Office								
	,			_							
Credit card #:				exp. date:		Zip code:	CSV#				

Week Nee	ded:	SEPT. 22 - 26	Due to the Pa	rk Office:	SEPTEM	BER 15. 20	25			4
Child's Nam	ne:				:	School: (Ci	rcle)	М	SR	
Grade:		Teacher:								
Child's Nam	ne:			Ch	ild's Name	e:				
Grade:		Teacher:			ade:					
		OPERATION 8:45AM		NG PLAYSAFI Rate of \$12	E				ent of a 2 h ll open at r	our delay, ormal time!
							,			
Before Sch	ool Hours: Monday	(Mark down the day(s) Tuesday		attending) ednesday		Thursday			Friday	TOTAL # of Days
First Child		•	VV	eunesuay		Tilul Suay			Tiluay	# OI Days
Sec. Child					_		-	_		
Third Child					-		-	_		
		Compute the cost for	the week. Fill in	the blanks b	elow:					
		First child total days			\$					
		Second, third, etc. chi								
			ĮV	lorning Total	L: \$					
			1	ure Time:						
			3:15-4:15 - 1 hou 4:16-5:15 - 2 hou	•						
			5:16 - 6:15 - 3 ho							
After Cohes	d Haumar (N	lauk dawa tha tima	م ما النبيامانام	ادم ما ۱۰۰۰	_					TOTAL
After School	Monday	lark down the time you Tuesday		kea up) ednesday		Thursday			Friday	TOTAL Week Hrs.
First Child		•	***	uncoddy		mar Saay			Triday	Week III 5.
Sec. Child					_		-	_		
Third Child			_		_		-	_		
		Compute the cost for	the week. Fill in	the blanks b	elow:					
		First child total hours	for week	_ X \$6.00 =	\$					
/\documents		Second, third, etc. chi								
(Minimum c	narge one i	nour per day is \$6.00)	At	ternoon Tota	ıı: \$					
	Late Fee Po						Mornin	-		\$
	First Time C	are due the Monday <i>priol</i> Offense: \$10	to the week need	ea.			(Late F		ital	\$ \$
		e Offense: \$25					•	•	or week)	\$
							TOTAL A	AMOL	JNT DUE	\$
Mail Schedu		TIONS FOR SCHEDULII	NG AND PAYMEN 20 N. Main St., Slip		16057					
Email Sched	<b>ule</b> : playsaf	e@srpark.org and <i>mail p</i>		pery NUCK FA	10001					
Fax: 724-794		vail payment Nament in Park Office								
Submit SCNE	uule and Pa	yment in Fark Unice								
Credit card	<b>#</b> :		exp. date:	Zip code	e:	CSV#				

Week Needed:	SEPT. 29 - OCT. 3	Due to the Park Office:	SEPTEMBER 22, 2025	5		5
Child's Name:			School: (Circ	:le) M	SR	
Grade:	Teacher:					
Child's Name: Grade:	 Teacher:		l <b>d's Name</b> : de: T			
	OPERATION 8:45AM	MORNING PLAYSAFE Flat Rate of \$12		*In the eve Playsafe wil	ent of a 2 h Il open at n	•
Before School Hours:  Monday First Child Sec. Child Third Child	Tuesday	vour child will be attending) Wednesday	Thursday	_ _ _	Friday	TOTAL # of Days
	Compute the cost for t First child total days fo	the week. Fill in the blanks be or week X \$12 = \$ dren X \$11.75 = \$ Morning Total:		_		
Monday	Tuesday	Departure Time:  3:15-4:15 - 1 hour of billing  4:16-5:15 - 2 hours  5:16 - 6:15 - 3 hours  child will be picked up)  Wednesday	Thursday		Friday	TOTAL Week Hrs.
First Child Sec. Child Third Child				- - -		
(Minimum charge one l	First child total hours f Second, third, etc. child	the week. Fill in the blanks be for week X \$6.00 = \$ dren X \$5.75 = \$ Afternoon Total				
First Time C	are due the Monday <i>prior</i>	to the week needed.	( (	Morning Tota Afternoon To (Late Fee) (Due from prid TOTAL AMOU	tal or week)	\$\$ \$\$ \$\$
Mail Schedule and Payme	e@srpark.org and <i>mail pa</i> pail payment	20 N. Main St., Slippery Rock PA	16057			

Week Need	ed:	OCT. 6 - 10		Due to the	e Park Office	e: SEPTEM	BER 29, 202	5			6
Child's Name	::						School: (C	ircle)	М	SR	
Grade:	-	Teacher:			-						
Child's Name	9:					Child's Nar	ne:				
Grade:		Teacher: _				Grade:					
							_				
		OPERATION			RNING PLAYS					vent of a 2 h	•
	7:00-	8:45AM			Flat Rate of \$	2		Play	/safe w	vill open at r	ormal time!
Before School	ol Hours:	(Mark down t	the day(s) y	our child wil	ll be attendin	g)					TOTAL
	Monday		Tuesday		Wednesday		Thursday			Friday	# of Days
First Child _		_		_				_			
Sec. Child		_		_				_			
Third Child _		-		_		•		-			
		Compute th	e cost for t	he week. Fil	ll in the blank	s below:					
		First child t	otal days fo	r week	X <b>\$12</b> =	\$					
		Second, thi	rd, etc. child	dren	X \$11.75						
					Morning T	otal: \$					
				De	parture Time:						
				3:15-4:15 - 1	hour of billing	3					
				4:16-5:15 - 2							
				5:16 - 6:15 -	3 hours						
After School	Hours: (M	lark down th	e time vour	child will be	picked up)						TOTAL
	Monday		Tuesday		Wednesday		Thursday			Friday	
First Child _		_		_				_			
Sec. Child _		_		_		•		_			
Third Child _		_		_				_			
		Compute th	e cost for t	he week Fil	ll in the blank	s helow:					
					X \$6.0		_				
			,	dren	X <b>\$</b> 5.75	= \$	-				
(Minimum ch	arge one l	nour per day	is \$6.00)		Afternoon 1	otal: \$					
Γī	_ate Fee Po	licv:				]		Morni	ng Tot	al	Ś
		are due the Mo	onday <i>prior</i>	to the week n	needed.				noon T		\$
1		Offense: \$10						(Late			\$
Š	Second Tim	e Offense: \$25	j						-	ior week)	\$
	O.F.	TIONS FOR S	CHEDIII IN	C VND DVAN	/FNT			IUIAI	L AMU	UNT DUE	\$
Mail Schedule					, Slippery Rocl	PA 16057					
Email Schedu	<b>le</b> : playsaf	e@srpark.org			,						
Fax: 724-794-											
Submit Sched	ule and Pay	yment in Park	Uffice								
Credit card #:				evn date:	7in	-odo:	CSV#				

week needed:	OCT. 13 - 17		Due to the Park Offi	ce: OCTOBE	K 6, 2025			7
Child's Name:					School: (Ci	rcle) M	SR	
Grade:	Teacher:							
Child's Name:				Child's Nar	me:			
Grade:	Teacher:			Grade:		Teacher: _		
HOURS O	F OPERATION		MORNING PLA	YSAFE		*In the e	event of a 2 h	our delay,
7:00	-8:45AM		Flat Rate of	\$12		Playsafe v	vill open at n	normal time!
Before School Hours:	(Mark down th	e dav(s) vo	ur child will be attendi	na)				TOTAL
Monday		Tuesday	Wednesda		Thursday		Friday	# of Days
First Child	_			_				
Sec. Child Third Child	-			_		-		
Tilli d Cilitu	_			_		-		
			e week. Fill in the blar					
		-	week X <b>\$12</b> = en X <b>\$11.</b> 7		_			
	Second, tillic	ı, etc. cilitai		Total: <b>\$</b>				
			•	-				
		ı	Danastura Tima		7			
			Departure Time 3:15-4:15 - 1 hour of billi					
			4:16-5:15 - 2 hours	9				
			5:16 - 6:15 - 3 hours					
After School Hours: (	Mark down the	time your o	hild will be picked up)					TOTAL
Monday		Tuesday	Wednesda		Thursday		Friday	Week Hrs.
First Child	_							
Sec. Child Third Child	-			_		-		
mira Cinta	_			_		-		
			e week. Fill in the blar					
			r week X <b>\$6.</b> en X <b>\$5.7</b>					
(Minimum charge one			Afternoon	_	-			
	. ,	•			<del></del>			
Lata Faa B	elieva			$\neg$		Morning To	tal.	ć
Late Fee P Schedules		nday <i>prior</i> to	the week needed.			Afternoon		\$ \$
	Offense: \$10					(Late Fee)		\$
Second Tin	ne Offense: \$25					(Due from p		\$
	PTIONS FOR SO	HEDULING	AND PAYMENT			TOTAL AMO	אטעו ואטע	\$
Mail Schedule and Payn	nent to:	SRAP&R 320	N. Main St., Slippery Ro	ck PA 16057				
Email Schedule: playsa		nd <i>mail payi</i>	ment					
Fax: 724-794-8181 and / Submit Schedule and Pa		)ffice						
Casimi Contacto and I	-,							
Credit card #:			_exp. date: Zi <sub>l</sub>	p code:	CSV#			

Week Nee	eded:	OCT. 20 - 24	Due to the Park Office: OCTOBER 13, 2025							8
Child's Nan	ne:					School: (Ci	ircle)	M	SR	
Grade:		Teacher:								
Child's Nan	ne:				Child's Name	e:				
Grade:		Teacher:			Grade:					
		OPERATION 8:45AM		MORNING PLAYS	I				vent of a 2 h	our delay, normal time!
	7.00-	0.43AM		rtat Nate of \$12			ı tay	sale w	itt open at i	ioi illat tillie:
Before Sch		(Mark down the da			)	<b>T</b>			E · ·	TOTAL
First Child	Monday		esday	Wednesday		Thursday			Friday	# of Days
Sec. Child					-		-	•		
					-		_			
		0	A decrease and a	Etti to ab a bilanda						
		Compute the cos								
		Second, third, et	•							
					tal: \$					
				Departure Time:						
			l l	- 1 hour of billing						
				- 2 hours						
			5:16 - 6:1	5 - 3 hours						
After School	ol Hours: (N	lark down the time	e vour child will	he nicked un)						TOTAL
Alter Sello	Monday		esday	Wednesday		Thursday			Friday	
First Child					_	,	_			
Sec. Child					-		_			
Third Child					-		-			
		Compute the cos	t for the week.	Fill in the blanks	s below:					
		First child total h								
		Second, third, et								
(Minimum o	charge one l	hour per day is \$6.	.00)	Afternoon To	otal: \$					
	Late Fee Po						Morni	ng Tot	al	\$
	1	are due the Monday	prior to the wee	k needed.			Aftern		otal	\$
	First Time C	Offense: \$10 e Offense: \$25					(Late	•	ior week)	\$
	Second Tilli	e Offense. \$25						-	UNT DUE	\$ \$
	<u>OF</u>	TIONS FOR SCHE	DULING AND PA	AYMENT.						•
	le and Paym			St., Slippery Rock	PA 16057					
	<b>iule</b> : playsat 4-8181 and <i>m</i>	e@srpark.org and <i>r</i> nail pavment	nan payment							
		yment in Park Office	•							
	,				_					
Credit card	#:		exp. dat	te: Zip c	ode:	CSV#				

Week Nee	ded:	OCT. 27 - 31		Due to the	e Park Offic	e: OCTOBE	R 20, 2025				9
Child's Nam	e:						School: (Ci	rcle)	М	SR	
Grade:		Teacher:									
Child's Nam	e:					Child's Nan	ne:				
Grade:		Teacher:				Grade:					
							7				
		OPERATION 8:45AM			RNING PLAYS					vent of a 2 h vill open at r	our delay, normal time!
					<u> </u>		_	,		0	
Before Scho	ool Hours: Monday	(Mark down t	he day(s) yo Tuesday	our child wil	l be attendin Wednesday		Thursday			Eriday	TOTAL
First Child	Monuay		ruesuay		weunesuay	1	i iiui Suay			Friday	# of Days
Sec. Child				-		-		-			
Third Child				-		-		-			
		Compute the	e cost for th	ne week. Fil	l in the blank	s below:					
		First child to	otal days fo	r week	X <b>\$12</b> =	\$					
		Second, thir	d, etc. child	ren	X \$11.75						
					Morning i	otal: \$					
							_				
				1	parture Time:						
				4:16-5:15 - 2	hour of billing	g					
				5:16 - 6:15 -							
Attau Cabaa	I II a company (A)			مط النب امانطم			_				T0T41
After Schoo	Monday	lark down the	Tuesday	cnila Will be	Wednesday	,	Thursday			Friday	TOTAL Week Hrs.
First Child	Monday		rucsuay		Wednesday	'	mursuay			Tituay	Week III 5.
Sec. Child		- -		-		-		_			
Third Child				-		_		-			
		Compute the	e cost for th	ne week. Fil	l in the blank	s below:					
					X \$6.0		_				
(Minimum c	haraa ana b		,	ren	X \$5.75	= \$ Fotal: <b>\$</b>	-				
(Millilliulli C	narge one i	nour per day i	15 \$0.00)		Aiternoon	I Ulal. \$					
,						7					
	Late Fee Po	<u>licy:</u> ire due the Mo	nday <i>nriar</i> t	a tha waak n	aadad			Morni	ng Tot าoon T		\$
	First Time 0		iliuay <i>pirioi</i> i	o tile week ii	eeueu.			(Late		otat	\$ \$
		e Offense: \$25						(Due f	rom pi	ior week)	\$
	0.0	TIONS FOR S	CHEDIII ING	S AND DAVM	ICAIT			TOTAI	_ AMO	UNT DUE	\$
Mail Schedul		<u>TIONS FOR S</u> ent to:			Slippery Roc	k PA 16057					
Email Sched	<b>ıle</b> : playsaf	e@srpark.org			,						
Fax: 724-794		ail payment ment in Park	Office								
Submit Sche	uule allu Pä	ment ili FafK	Office								
Credit card #	:			exp. date: ,	Zip	code:	CSV#				

week nee	aea: NOV. 3 - 7	Due 1	to the Park Office:	OCTOBER 27, 2	025		10
Child's Nam	ıe:			School: (C	ircle) M	SR	
Grade:	Teacher:						
Child's Nam	ie:		Child's	s Name:			
Grade:	Teacher:		Grade	:	Teacher: _		
	HOURS OF OPERATION 7:00-8:45AM		MORNING PLAYSAFE Flat Rate of \$12			event of a 2 h will open at r	• •
Before Sch	ool Hours: (Mark down the	dav(s) vour chile	d will he attending)				TOTAL
Delore Sen		Tuesday	Wednesday	Thursday		Friday	# of Days
First Child					_		
Sec. Child					_		
Third Child					_		
	Compute the o	ost for the wee	k. Fill in the blanks belo	w:			
	Second, third,	etc. children	X \$11.75 = \$				
			Morning Total: \$_				
			Departure Time:				
			:15 - 1 hour of billing :15 - 2 hours				
			6:15 - 2 nours 6:15 - 3 hours				
		[5.15	<u> </u>				
After Schoo	ol Hours: (Mark down the ti	-					TOTAL
First Child	Monday	Tuesday	Wednesday	Thursday		Friday	Week Hrs.
Sec. Child					-		
Third Child					- -		
			k.   Fill in the blanks belo <sup>,</sup> k   X <b>\$</b> 6.00 = \$				
			X \$5.75 = \$				
(Minimum c	harge one hour per day is \$		Afternoon Total: \$				
	Late Fee Policy:				Morning To	atal	ċ
	Schedules are due the Mond	ay <i>prior</i> to the w	eek needed.		Afternoon		\$
	First Time Offense: \$10	,,			(Late Fee)		\$
	Second Time Offense: \$25				(Due from p		\$
	OPTIONS FOR SCL	IEDIII ING AND I	DAVMENT		TOTAL AM	OUNT DUE	\$
Mail Schedul	OPTIONS FOR SCH le and Payment to: SF		in St., Slippery Rock PA 160	057			
<b>Email Sched</b>	<b>ule</b> : playsafe@srpark.org and		, , , , , , , , , , , , , , , , , , , ,				
	-8181 and <i>mail payment</i>						
Submit Sche	dule and Payment in Park Off	ice					
O	4.	اء سيرم	ata. Zin acda.	CCV#			

Week Needed:	NOV. 10 - 14	Due to the Park Office:	NOVEMBER 3, 202	25		11
Child's Name:			School: (0	Circle) M	SR	
Grade:	Teacher:					
Child's Name:		Ch	nild's Name:			
Grade:	Teacher:		rade:			
Hours	S OF OPERATION	MORNING PLAYSAF	Œ		event of a 2 h	•
7:	:00-8:45AM	Flat Rate of \$12		Playsafe	will open at r	normal time!
Before School Hour	rs: (Mark down the day(s) y	our child will be attending)				TOTAL
Mond	lay Tuesday	Wednesday	Thursday	1	Friday	# of Days
First Child Sec. Child				_		
Third Child				_		
		he week. Fill in the blanks bor week X \$12 =				
		dren X <b>\$11.75</b> = 9				
		Morning Tota	l: \$			
		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)				T0TAL
Mond	· ·	Wednesday	Thursday	1	Friday	Week Hrs.
First Child Sec. Child						
Third Child				_		
				_		
		he week. Fill in the blanks b for week X \$6.00 =				
		dren X \$5.75 = 3				
(Minimum charge o	ne hour per day is \$6.00)	Afternoon Tota				
Late Fee	e Policy:			Morning To	otal	\$
	les are due the Monday <i>prior</i>	to the week needed.		Afternoon	Total	\$
	me Offense: \$10			(Late Fee)		\$
Second	Time Offense: \$25			(Due from p		\$
	OPTIONS FOR SCHEDULIN	IG AND PAYMENT		TOTAL AMI	JONI DOE	ş
Mail Schedule and Pa		20 N. Main St., Slippery Rock P	A 16057			
Fax: 724-794-8181 an		iyinen				
	Payment in Park Office					
Credit card #:		exp. date: Zip cod	le: CSV#			

Week Needed:	NOV. 17 - 21	<b>Due to the Park Office:</b>	NOVEMBER 10, 202	25		12
Child's Name:		_	School: (Ci	ircle) M	SR	
Grade:	Teacher:					
Child's Name:		_ Ch	nild's Name:			
Grade:	Teacher:	Gr	ade:	Teacher:		
	IDC OF ODEDATION	MODNING DI AVCAT		*! 4.6.0.0		
HOU	<u>IRS OF OPERATION</u> 7:00-8:45AM	MORNING PLAYSAF Flat Rate of \$12	<u> </u>		vent of a 2 h vill open at n	our delay, normal time!
Refore School Ho	oure: (Mark down the day(e)	) your child will be attending)				TOTAL
	nday Tuesda		Thursday		Friday	# of Days
				-		
Sec. Child Third Child				-		
		<del>_</del>		-		
		r the week. Fill in the blanks b for week X \$12 = 5	elow: \$			
		nildren X <b>\$11.75</b> = \$				
		Morning Total	l: <b>\$</b>			
		<u>Departure Time:</u>				
		3:15-4:15 - 1 hour of billing 4:16-5:15 - 2 hours				
		5:16 - 6:15 - 3 hours				
After Caheal Hay	ı <b>rs:</b> (Mark down the time yo	ur child will be nicked up)				TOTAL
	nday Tuesda		Thursday		Friday	TOTAL Week Hrs.
First Child		<i>,</i>		_		
Sec. Child		<u> </u>		-		
				-		
		r the week. Fill in the blanks b				
		rs for week X <b>\$6.00</b> = nildren X <b>\$5.75</b> = 9				
(Minimum charge	e one hour per day is \$6.00)					
	Fee Policy:			Morning Tot	tal	\$
	dules are due the Monday <i>pric</i> Time Offense: \$10	or to the week needed.		Afternoon T	otal	\$
	nd Time Offense: \$25			(Late Fee) (Due from pi	rior week)	\$ \$
	·			TOTAL AMO		\$
Mail Schedule and	OPTIONS FOR SCHEDUL Payment to: SRAPSR	<u>.ING AND PAYMENT</u> 320 N. Main St., Slippery Rock PA	A 16057			
Email Schedule: p	laysafe@srpark.org and <i>mail</i> ,		110007			
Fax: 724-794-8181						
Supmit Schedule a	and Payment in Park Office					
Credit card #:		exp. date: Zip cod	e: CSV#			

Week Needed:	NOV. 24 - 28	<b>Due to the Park Office:</b>	NOVEMBER 17, 2025		13			
Child's Name:			School: (Circle)	M SR				
Grade:	Teacher:		,					
Child's Name:		Ch	ild's Name:					
Grade:				 cher:				
HOI	URS OF OPERATION	MORNING PLAYSAF Flat Rate of \$12	I	*In the event of a 2 hou				
	7:00-8:45AM	Flat Rate of \$12		aysafe will open at no	rmat time:			
	ours: (Mark down the day(s)		<del>-</del> 1 .	<b>.</b>	TOTAL			
	onday Tuesda 	y Wednesday	Thursday	Friday	# of Days			
C Ol-:L-I								
Third Child								
	Compute the cost for	the week. Fill in the blanks b	olow:					
			5					
		ildren X <b>\$11.75</b> = \$						
		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 Hou	urs: (Mark down the time you	ır child will be picked up)			TOTAL			
	onday Tuesda		Thursday	Friday	Week Hrs.			
Sec. Child		_						
Third Child		_						
	Compute the cost for	the week. Fill in the blanks b	elow:					
	First child total hours	s for week X <b>\$6.00</b> =	\$					
		ildren X <b>\$5.75</b> = \$						
(Minimum charg	e one hour per day is \$6.00)	Afternoon Tota	l: <b>\$</b>					
Late	Fee Policy:		Mor	ning Total	\$			
	edules are due the Monday <i>prio</i>	r to the week needed.	Afte	rnoon Total	\$			
	Time Offense: \$10		•	te Fee)	\$			
Seco	ond Time Offense: \$25			e from prior week) AL AMOUNT DUE	\$			
	OPTIONS FOR SCHEDULI	NG AND PAYMENT	101.	AL AMOUNT DOL	<b>Y</b>			
Mail Schedule and	Payment to: SRAP&R	320 N. Main St., Slippery Rock PA	16057					
	playsafe@srpark.org and <i>mail µ</i>	payment						
	l and <i>mail payment</i> and Payment in Park Office							
Jabiiii Jeneudle	and ayment in raik office							
Credit card #:		exp. date: Zip code	e: CSV#					

week needed:	DEC. 1 - 5	Due to the Park	Office: NOVEM	BER 24, 2025	)		14
Child's Name:				School: (Ci	rcle) M	SR	
Grade:	Teacher:			•	·		
Child's Name:			Child's Na	me:			
Grade:	 Teacher:		Grade:		Teacher: _		
HOURS	AF ORERATION	MODAUNO	DI AVCAFE	$\neg$	<b>*</b> I al		
	<u>IF OPERATION</u> I-8:45AM	MORNING PLAYSAFE Flat Rate of \$12			*In the event of a 2 hour dela Playsafe will open at normal ti		
				_	,,		
	(Mark down the day(s) y	our child will be at	tending)				TOTAL
Monday	Tuesday	Wedi	nesday	Thursday		Friday	# of Days
First Child Sec. Child					-		
Third Child					-		
					•		
	Compute the cost for t						
	First child total days fo						
	Second, third, etc. child		= ۵ ning Total: \$				
		14101	ming rotat. \$				
				_			
		Departure					
		3:15-4:15 - 1 hour o	•				
		4:16-5:15 - 2 hours 5:16 - 6:15 - 3 hour					
		0.10 0.10 0.1001	<u> </u>	_			
	Mark down the time your		=				TOTAL
Monday	Tuesday	Wedi	nesday	Thursday		Friday	Week Hrs.
First Child Sec. Child					-		
Third Child					-		
			<del></del>		-		
	Compute the cost for t						
	First child total hours to Second, third, etc. child						
(Minimum charge one	hour per day is \$6.00)		noon Total: \$	_			
(go o	,a. por aay 10 to100,	7					
Late Fee F		to the constant			Morning To		\$
	are due the Monday <i>prior</i> Offense: \$10	to the week needed.			Afternoon (Late Fee)	lotal	\$
	ne Offense: \$25				(Due from p	rior week)	\$
					TOTAL AMO		\$
	PTIONS FOR SCHEDULIN		D   D   (1275				
Mail Schedule and Payr	nent to: SRAP&R 32 afe@srpark.org and <i>mail pa</i>	0 N. Main St., Slippe	ry Rock PA 16057				
Fax: 724-794-8181 and		ymem					
Submit Schedule and P							
Credit card #:		exp. date:	Zip code:	CSV#			

Week Needed:	:	DEC. 8 - 12	<b>Due t</b>	o the Park	Office: DECEM	BER 1, 2025				15
Child's Name:			_			School: (Ci	rcle)	М	SR	
Grade:		Teacher:								
Child's Name:			_		Child's Na	ame:				
Grade:		Teacher:			Grade:					
	UDS 05.			MODNING	DI AVGA EE	$\neg$	41			
HOURS OF 0 7:00-8:4				MORNING PLAYSAFE Flat Rate of \$12			*In the event of a 2 h Playsafe will open at n			•
Defense Calcard III	1 /		\	J			,		·	
	<b>iours</b> : (i onday	Mark down the day(s Tuesd			ending) esday	Thursday			Friday	TOTAL # of Days
							_			0. 20,0
Sec. Child							_			
Third Child							-			
		Compute the cost fo	r the weel	k. Fill in the	blanks below:					
		First child total days								
		Second, third, etc. c	hildren .							
				Mor	ning Total: \$					
				Departure						
				:15 - 1 hour of	f billing					
			I	:15 - 2 hours 6:15 - 3 hours						
			3.10 -	0.13 - 3 110ul s	•					
After School Ho	urs: (Ma	ark down the time yo	our child w	ill be picked	l up)					TOTAL
	onday	Tuesd	ay	Wedn	esday	Thursday			Friday	Week Hrs.
First Child Sec. Child							-			
Third Child							-			
				-			-			
		Compute the cost for								
		First child total hou Second, third, etc. c				<b></b>				
(Minimum charg	ge one h	our per day is \$6.00)			noon Total: \$					
		. ,				<del></del>				
<u> </u>	- D.						M :	<b></b>	-1	
	e Fee Poli	<u>icy:</u> e due the Monday <i>pri</i>	or to the w	eek needed			Morni Aftern	ng 101 100n T		\$ ¢
		fense: \$10	07 to the W	cen necucu.			(Late		otat	\$
Seco	ond Time	Offense: \$25							rior week)	\$
	0.07	TIONS FOR COUEDIN	INC AND	DAVACNIT		_	TOTAL	_ AMO	UNT DUE	\$
Mail Schedule and		TIONS FOR SCHEDUL nt to: SRAP&R			y Rock PA 16057					
Email Schedule:	playsafe	@srpark.org and <i>mail</i>		,ppei	,					
Fax: 724-794-818										
Submit Schedule	and Pay	ment in Park Office								
Credit card #:			ехр. с	late:	_ Zip code:	CSV#				

Week Needed	d:	DEC. 15 - 19	Due to the Park Office: DECEMBER 8, 2025						16		
Child's Name:_							School: (C	ircle)	М	SR	
Grade:		Teacher:			_						
Child's Name:_						Child's Nar	me:				
Grade:		Teacher:				Grade:		Teach	ner:		
н	OURS OF (	OPERATION		Mı	ORNING PLA	VSAFF	7	*1:	n the e	vent of a 2 h	nour delay
-	7:00-8			Flat Rate of \$12			Playsafe will open at no			•	
Before School	Hours (N	Mark down t	the day(s) vo	nur child wi	II he attendi	ina)					TOTAL
	Monday	nai k down t	Tuesday	our critica wi	Wednesda		Thursday			Friday	# of Days
				_				_			
Sec. Child Third Child				-				_			
				-				_			
			e cost for th								
			otal days fo			=   \$ 75 = \$					
		Second, tim	ru, etc. cilitu			Total: <b>\$</b>					
				De	eparture Time	<u> </u>	٦				
				1	1 hour of billi						
				4:16-5:15 -		J					
				5:16 - 6:15 -	- 3 hours						
After School H	ours: (Ma	ark down the	e time vour	child will b	e picked up)	ı					TOTAL
	Monday		Tuesday		Wednesda		Thursday			Friday	
First Child				_				_			
Sec. Child Third Child				-				_			
Tilli u Cilitu				-				_			
			e cost for th								
			otal hours f rd. etc. child			.00 = \$ .5 - ¢	-				
(Minimum char			,	Tell		n Total: <b>\$</b>	-				
•	3	, , , , ,				•					
Lat	to Foo Doli					$\neg$		Morni	ina Tol	· al	ć
	<b>te Fee Poli</b> hedules ar		onday <i>prior</i> t	o the week i	needed.				ing Tot noon T		\$ \$
	st Time Of		, , ,					(Late			\$
Sec	cond Time	Offense: \$25	j .						-	rior week)	\$
	ОРТ	IONS FOR S	CHEDULING	AND PAY	MENT			TOTA	L AMO	UNT DUE	\$
Mail Schedule a	nd Payme	nt to:	SRAP&R 32	N. Main St.	., Slippery Ro	ck PA 16057					
Email Schedule:					-						
Fax: 724-794-81 Submit Schedule			Office								
Japinii Jeneduli	- una i uyi	III alk									
Credit card #:				exp. date:	Zi	p code:	CSV#				

Week Needed:	DEC. 22 - 26	Due to the Park Office: DECEMBER 15, 2025						
Child's Name:			School: (Circle	e) M SR				
	Teacher:							
Child's Name:		Child's I	Name:					
Grade:	Teacher:	Grade:	Te	acher:				
	<b>OF OPERATION</b> 10-8:45AM	MORNING PLAYSAFE Flat Rate of \$12		*In the event of a 2 hou Playsafe will open at no				
Potovo Cobool House	or (Marile daven tha dave(a) y	(aug abild will be attending)						
Monda		our child will be attending) Wednesday	Thursday	Friday	TOTAL # of Days			
First Child		_		,	, 			
Sec. Child Third Child		_						
minu Cintu		_						
		the week. Fill in the blanks below:						
		or week X <b>\$12</b> = \$ dren X <b>\$11.75</b> = \$						
	Second, till a, etc. cill	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 you	child will be picked up)			TOTAL			
Monda			Thursday	Friday	Week Hrs.			
First Child	_							
Sec. Child Third Child	_							
		the week. Fill in the blanks below:						
		for week X \$6.00 = \$ dren X \$5.75 = \$						
(Minimum charge on	e hour per day is \$6.00)	Afternoon Total: \$						
Late Fee	Policy		Me	orning Total	ċ			
	es are due the Monday <i>prior</i>	to the week needed.		ternoon Total	\$			
	e Offense: \$10		•	ate Fee)	\$			
Second T	ime Offense: \$25			ue from prior week)	\$			
	OPTIONS FOR SCHEDULIN	IG AND PAYMENT	10	TAL AMOUNT DUE	\$			
Mail Schedule and Pay	ment to: SRAP&R 3	20 N. Main St., Slippery Rock PA 1605	7					
Email Schedule: plays Fax: 724-794-8181 and	safe@srpark.org and <i>mail pa</i> I <i>mail navment</i>	ayment						
	Payment in Park Office							
Credit card #:		exp. date: Zip code:	CSV#					