Week Nee	ded:	Jan. 5 - 9		Due to th	e Park Office	e: Monday	DECEMBE	<mark>R 29, 2</mark>	025		18
Child's Nam	e:						School: (Ci	rcle)	М	SR	
Grade:		Teacher: _			_		·	·			
		Teacher: _					ne:				
		OPERATION 8:45AM		M	ORNING PLAYS Flat Rate of \$7]			vent of a 2 h vill open at n	our delay, ormal time!
Before School First Child Sec. Child Third Child	Monday		the day(s) yo	our child wi _ _	Wednesday	=	Thursday	-		Friday	TOTAL # of Days
		First child	total days fo	r week	ill in the blank X \$12 = X \$11.75 Morning To	\$		-			
After Schoo	l Hours. (N	Aark down th	e time vour	3:15-4:15 - 4:16-5:15 - 5:16 - 6:15 -	- 3 hours	3					TOTAL
	Monday	_	Tuesday	- -	Wednesday	-	Thursday	-		Friday	Week Hrs.
(Minimum c	harge one l	First child	total hours f rd, etc. chilo	or week	ill in the blank X \$6.00 X \$5.75 Afternoon T	0 = \$ = \$	- -	-			
	First Time (are due the M		to the week	needed.				ioon T <i>Fee)</i> rom pi		\$\$ \$\$ \$\$
Fax: 724-794	e and Paym ul e : playsaf -8181 and <i>m</i>	e@srpark.org	SRAP&R 32 and <i>mail pa</i>	0 N. Main St	<mark>MENT</mark> ., Slippery Rock	< PA 16057		·			<u></u>
Credit card #	:			exp. date:	Zip (code:	CSV#				

Week Need	ded:	Jan. 12 - 16	Due to the Park Office:	Monday	JANUARY 5, 202	.6	19
Child's Nam	e:			Schoo	ol: (Circle) M	SR	
Grade:		Teacher:					
Child's Nam	e:		Child's	s Name:			
Grade:		Teacher:	Grade:	:	Teacher:		
	HOLIDS OF	OPERATION	MORNING PLAYSAFE		*In the c	vent of a 2 h	our dolay
		B:45AM	Flat Rate of \$12			vill open at n	
Before Scho	ool Hours: ()	Mark down the day(s)	your child will be attending)				TOTAL
20.010 000	Monday	Tuesday		Thur	sday	Friday	# of Days
First Child			<u> </u>				
Sec. Child Third Child							
Tilli u Cilitu							
		' - '	the week. Fill in the blanks below	v:			
		Secona, tnira, etc. cn	ildren X \$11.75 = \$ Morning Total: \$_				
			<u>Departure Time:</u> 3:15-4:15 - 1 hour of billing				
			4:16-5:15 - 2 hours				
			5:16 - 6:15 - 3 hours				
A 61 C - l		and a discount that the same	or all the could be a state of con-A				
Atter Schoo	Monday	ark down the time you Tuesda	r child will be picked up) y Wednesday	Thur	eday	Friday	TOTAL Week Hrs.
First Child	Monday		y Wednesday	mui	suay	Tiluay	Week nis.
Sec. Child							
Third Child							
		Compute the cost for	the week. Fill in the blanks belov	v:			
			s for week X \$6.00 = \$				
/\dimino			ildren X \$5.75 = \$				
(Minimum c	narge one n	our per day is \$6.00)	Afternoon Total: \$_				
	Late Fee Po	<u>licy:</u> re due the Monday <i>prio</i> l	r to the week peeded		Morning To Afternoon		\$ \$
	First Time 0		to the week needed.		(Late Fee)	otat	\$ \$
		e Offense: \$25			(Due from p	rior week)	\$
	0.00	FIGNIC FOR COLLEGE	NO AND DAVAGNIT		TOTAL AMO	UNT DUE	\$
Mail Schedul		TIONS FOR SCHEDULII nt to: SRAP&R 3	<u>NG AND PAYMENT</u> 320 N. Main St., Slippery Rock PA 160	157			
	ıle : playsafe	@srpark.org and <i>mail p</i>					
		ment in Park Office					
Credit card #	;		exp. date: Zip code:	csv	/#		

week needed:	Jan. 19 - 23	ט	ue to the Park Office:	ivionday	JANUAKI	12, 2026		20
Child's Name:				٤	School: (Ci	rcle) M	SR	
Grade:								
Child's Name:			Ch	ild's Name	:			
Grade:	Teacher: _		Gr	ade:	_	Teacher: _		
	S OF OPERATION 7:00-8:45AM		MORNING PLAYSAF Flat Rate of \$12	E.			event of a 2 h will open at r	•
Mono First Child Sec. Child		the day(s) your Tuesday	child will be attending) Wednesday	_ _	Thursday	- -	Friday	TOTAL # of Days
Third Child				_		-		
Monday is a Snow lake-Up Day. We will old Playsafe if there is chool.	First child	total days for w	week. Fill in the blanks b reek X \$12 = n X \$11.75 = \$ Morning Total	\$ \$	-			
		4:	Departure Time: 15-4:15 - 1 hour of billing 16-5:15 - 2 hours 16 - 6:15 - 3 hours					
			ld will be picked up)		-			TOTAL
First Child Sec. Child Third Child	day	Tuesday 	Wednesday	<u>-</u>	Thursday	- -	Friday	Week Hrs.
*Monday is a Snow Make-Up Day. We wi hold Playsafe if there school. (Minimum charge o	is First child Second, th	total hours for voird, etc. children	week. Fill in the blanks b week X \$6.00 = n X \$5.75 = 9 Afternoon Tota	\$ \$		-		
		•						
Schedu First Ti	ee Policy: Iles are due the M me Offense: \$10 I Time Offense: \$2		ne week needed.			Morning To Afternoon (Late Fee) (Due from p	Total orior week)	\$ \$ \$
	OPTIONS FOR	SCHEDULING A	ND PAYMENT			TOTAL AMO	JUNI DUE	\$
Mail Schedule and P Email Schedule: pla Fax: 724-794-8181 a Submit Schedule an	ayment to: aysafe@srpark.org nd <i>mail payment</i>	SRAP&R 320 N g and <i>mail payme</i>	. Main St., Slippery Rock PA	16057				

Week Need	ded:	Jan. 26 - 30		Due to t	he Park Office:	Monday	JANUA	RY 19, 2	026		21
Child's Nam	e:					9	School: (Ci	ircle)	М	SR	
Grade:		Teacher:									
Child's Nam	e:				C	hild's Name):				
Grade:		Teacher:			G	rade:	_	Teach	er:		
	HOURS OF	OPERATION			ORNING PLAYSAI	FE.		*In	the e	vent of a 2 h	our delay,
	7:00-	8:45AM			Flat Rate of \$12			Play	safe w	ill open at n	normal time!
Before Scho	ool Hours:	(Mark down t	the day(s) y	our child w	vill be attending)						TOTAL
First Child	Monday		Tuesday		Wednesday		Thursday			Friday	# of Days
First Child Sec. Child		_		_		-		-			
Third Child		_		_		_		- -			
		Compute th	e cost for t	he week. F	ill in the blanks	below:					
		Second, thi	rd, etc. child	dren	X \$11.75 =						
					Morning Tota	al: \$	-				
				1	eparture Time:						
				4:16-5:15 -	· 1 hour of billing						
				5:16 - 6:15							
After Schoo	l Hours: (N	lark dawn th	o timo vour	child will b	pe picked up)						TOTAL
Aitei Sciloo	Monday	iaik uowii tii	Tuesday	Cilita Witt I	Wednesday		Thursday			Friday	Week Hrs.
First Child	,	_		_		_		_			
Sec. Child		_		_		_		_			
Third Child		_		_		_		-			
					ill in the blanks						
					X \$6.00 =						
(Minimum c	harne one l	Secona, thi nour per day		iren	X \$5.75 = Afternoon Tot						
(Minimum C	narge one i	ioui pei uuy	15 40.00)		Aneriioon ro	.u 4					
ſ	Lata Faa Da	li			1			Mannin	T	اءا	A
	Late Fee Po	are due the Mo	ondav <i>prior</i> 1	to the week	needed.			Mornir Aftern	-		\$ \$
	First Time 0		, ,					(Late			\$
	Second Tim	e Offense: \$25	<u> </u>						-	rior week)	\$
	<u>OF</u>	TIONS FOR S	CHEDULIN	G AND PAY	MENT			IUIAL	AMU	UNT DUE	\$
Mail Schedul	e and Paym	ent to:	SRAP&R 32	0 N. Main S	t., Slippery Rock P	A 16057					
Email Schedu Fax: 724-794		e@srpark.org	and <i>mail pa</i>	yment							
		yment in Park	Office								
				د د سرو	. 7:	da.	0014				
Credit card #	·			exp. date	: Zip co	ae:	CSV#				

Week Nee	ded:	Feb. 2 - 6		Due to the	he Park Office:	Monday	JANUA	RY 26, 20	026		22
Child's Nam	ne:					9	School: (C	ircle)	М	SR	
Grade:		Teacher:									
Child's Nam	ne:				C	hild's Name	:				
Grade:		Teacher:			G	rade:	-	Teache	r:		
	HOURS OF	OPERATION		Гм	IORNING PLAYSA	FF		*In t	he eve	nt of a 2 h	our delay,
		8:45AM			Flat Rate of \$12	L L .					ormal time!
Before Sch	ool Hours:	Mark down the	e dav(s) vo	our child w	ill be attending)						TOTAL
20.0.0	Monday		Tuesday		Wednesday		Thursday			Friday	# of Days
First Child				_		_		_	_		
Sec. Child Third Child				-		_		-			
				-		_		_	_		
					ill in the blanks						
					X \$12 = X \$11.75 =						
			, 5151 511114		Morning Tota		_				
				D	eparture Time:						
				1	1 hour of billing						
				4:16-5:15 -							
				5:16 - 6:15	- 3 hours						
After School	ol Hours: (M	lark down the	time your	child will b	e picked up)						TOTAL
	Monday		Tuesday		Wednesday		Thursday			Friday	Week Hrs.
First Child				-		_		_	_		
Sec. Child Third Child				_		_		-	_		
		-		-		_		_	_		
					ill in the blanks						
					X \$6.00 = X \$5.75 =						
(Minimum o	harge one h	nour per day is			Afternoon To	_					
	Late Fee Po	licv						Morning	n Total		¢
		ire due the Mon	day <i>prior</i> t	o the week	needed.			Afterno	-		\$
	First Time C							(Late F	•		\$
	Second Tim	e Offense: \$25						(Due fro	-		\$
	<u>OP</u>	TIONS FOR SC	HEDULING	AND PAY	MENT			IUIAL	AMOU	NI DOE	\$
	le and Paymo	ent to: S	RAP&R 320) N. Main St	t., Slippery Rock F	A 16057					
	l ule : playsaf 4-8181 and <i>m</i>	e@srpark.org ai ail pavment	nd <i>mail pay</i>	/ment							
		ment in Park 0	ffice								
0							0011"				
credit card	F:			exp. date:	Zip co	ae:	USV#				

Week Nee	ded:	FEB. 9 - 13		Due to th	e Park Office:	Monday	FEBRUA	RY 2, 20	26		23
Child's Nam	ne:						School: (Ci	rcle)	М	SR	
Grade:		Teacher:			_						
Child's Nam	ne:				C	hild's Nam	e:				
Grade:		Teacher:			G	rade:	_	Teache	er:		
	HOURS OF	OPERATION		M	ORNING PLAYSAF			*In	the e	vent of a 2 h	our dolay
		8:45AM		1013	Flat Rate of \$12	E					ormal time!
Before Sch	ool Hours:	Mark down t	he dav(s) v	our child wi	ll be attending)						TOTAL
Delore Sen	Monday	(indi it down t	Tuesday	our cilita wi	Wednesday		Thursday			Friday	# of Days
First Child		_		_		-		_			
Sec. Child				_		-		-			
Tilli a Cilita		_		_		-		-			
					ll in the blanks l						
					X \$12 = X \$11.75 = .						
		Second, tim	u, etc. cilito		Morning Tota						
					_						
				De	parture Time:						
				1	1 hour of billing						
				4:16-5:15 -	-						
				5:16 - 6:15 -	3 hours						
After Schoo	ol Hours: (M	lark down the	e time vour	child will be	e picked up)						TOTAL
7	Monday		Tuesday		Wednesday		Thursday			Friday	Week Hrs.
First Child		_		_		-		_			
Sec. Child		_		_		-		_			
Inira Chila		_		_		-		-			
		Compute th	e cost for th	he week. Fi	ll in the blanks I	pelow:					
					X \$6.00 =						
(Minimum e	shargo ono l	Second, thir our per day		iren	X \$5.75 = Afternoon Tota	_					
(Millimum C	ilai ye olle i	loui pei uay	15 \$0.00)		Aiternoon rot	аl. Ј					
	Late Fee Po			د باممیر ماد م				Mornin Aftern	-		\$
	First Time C	re due the Mo Offense: \$10	muay <i>prior</i> i	to the week i	reeded.			(Late F		otat	\$ \$
		e Offense: \$25						-	-	rior week)	\$
								TOTAL	AM0	UNT DUE	\$
Mail Schedu	<u>OP</u> le and Paymo	TIONS FOR S ent to:			<u>ИENT</u> , Slippery Rock P	A 16057					
		e@srpark.org			, capper y Nock I	10007					
	4-8181 and <i>m</i>										
Submit Sche	edule and Pay	ment in Park	Office								
Credit card	#:			exp. date:	Zip cod	le:	CSV#				

Week Neede	d: Feb. 16	5 - 20	Due to the Pa	rk Office: Monday	FEBRUAF	RY 9, 20	26		24
Child's Name:				9	School: (Ci	rcle)	М	SR	
Grade:	Teach	er:							
Child's Name:				Child's Name	e:				
Grade:	Teach	er:		Grade:	_	Teach	er:		
	IOUDS OF ODERA	TION	МОВМ	NO DI AVCATE		*1	41		dala
ŀ	10URS OF OPERA 7:00-8:45AM			NG PLAYSAFE Rate of \$12				vent of a 2 h ill open at n	our delay, iormal time!
Dafara Cahaal	Haurer (Mark d	lown the day(a) y	our child will be	attanding)					TOTAL
	Monday	lown the day(s) y Tuesday		attending) ednesday	Thursday			Friday	TOTAL # of Days
First Child						_			
Sec. Child Third Child			_			-			
Time office						-			
		ute the cost for t child total days fo		the blanks below: X \$12 = \$					
				X \$11.75 = \$					
			N	lorning Total: \$	_				
			Depart	ure Time:					
			3:15-4:15 - 1 hou	-					
			4:16-5:15 - 2 hou 5:16 - 6:15 - 3 ho						
Aften Cebeel I	Income. (Mande da	46 - 4:	ما النب اما الما	lead)					T0T41
	1ours: (Mark do Monday	wn the time your Tuesday		kea up) ednesday	Thursday			Friday	TOTAL Week Hrs.
First Child	, and the same of		_			_			
Sec. Child Third Child						=			
Tilli u Cilitu						-			
	•			the blanks below:					
				_ X \$6.00 = \$ X \$5.75 = \$					
(Minimum cha	rge one hour pe			ternoon Total: \$	_				
	te Fee Policy:					Mornir	ng Tot	al	\$
	chedules are due rst Time Offense:	the Monday <i>prior</i>	to the week need	ed.		Aftern (Late)		otal	\$
	econd Time Offens					•	•	ior week)	\$ \$
							-	UNT DUE	\$
Mail Schedule :	<u>OPTIONS</u> and Payment to:	FOR SCHEDULIN SRAP&R 32		pery Rock PA 16057					
Email Schedule	e: playsafe@srpa	rk.org and <i>mail pa</i>		, , ,					
	181 and <i>mail payr.</i> le and Payment ir								
Jasiiii Jelieuu	and i dyinciit ii	i i di k Ville							
Credit card #:			exp. date:	Zip code:	CSV#				

Week Nee	ded:	Feb 23 - 27	Due to the Park Office	e: Monday	FEBRUAF	RY 16, 2	2026		25
Child's Nam	ne:				School: (Ci	rcle)	М	SR	
Grade:		Teacher:							
Child's Nam	ne:			Child's Name					
Grade:		Teacher:		Grade:		Teach	er:		
	HOURS OF	OPERATION	MORNING PLAY	SAFE		*In	the ev	ent of a 2 h	our delay,
	7:00-	8:45AM	Flat Rate of \$	\$ 12					normal time!
Before Sch	ool Hours:	(Mark down the day(s	your child will be attending	ng)					TOTAL
First Child	Monday	Tuesda	y Wednesda	у	Thursday			Friday	# of Days
Sec. Child			<u> </u>			-			
Third Child		_				-			
			the week. Fill in the blan						
			for week X \$12 = ildren X \$11.7						
		Second, till d, etc. ci		5 - ψ Γotal: \$					
			Departure Time:	<u>.</u>					
			3:15-4:15 - 1 hour of billir	ng					
			4:16-5:15 - 2 hours 5:16 - 6:15 - 3 hours						
After Cobes	al Uarres (Ar	lawk dawn tha time a							TOTAL
After School	Monday	Tuesda	ur child will be picked up) y Wednesda	у	Thursday			Friday	TOTAL Week Hrs.
First Child			-	<u> </u>		_			
Sec. Child Third Child						-	•		
Time office						-			
			the week. Fill in the blans for week X \$6.0						
			ildren X \$5.7!						
(Minimum c	harge one h	nour per day is \$6.00)	Afternoon	Total: \$					
				_					
	Late Fee Po	=				Morni	-		\$
	First Time C	are due the Monday <i>prid</i> Offense: \$10	7 to the week needed.			Afterr (Late		ulal	\$ \$
	Second Tim	e Offense: \$25					-	ior week)	\$
	OP	TIONS FOR SCHEDUL	NG AND PAYMENT			IUIAL	_ AMU	UNT DUE	\$
Mail Schedu	le and Paymo		320 N. Main St., Slippery Roc	ck PA 16057					
Fax: 724-794			ouyment						
Submit Sche	dule and Pay	yment in Park Office							
Credit card #	# :		exp. date: Zip	code:	CSV#				

Week Needed:	Mar. 2 - 6	Due	to the Park Office: Monday	FEBRUAR	r 23, 2026		20
hild's Name:				School: (Ci	rcle) M	SR	
Grade:	Teacher:						
hild's Name:			Child's Nan	ne:			
Grade:	Teacher:		Grade:		Teacher: _		
				1			
Before School Hours	(Mark down	the day(s) your ch	ild will be attending)				TOTAL
Monday		Tuesday	Wednesday	Thursday		Friday	# of Days
First Child					-		
Sec. Child Third Child					-		
	_				-		
			ek. Fill in the blanks below:				
			k X \$12 = \$				
	Second, till	ru, etc. cilitaren	X \$11.75 = \$ Morning Total: \$				
			Morning Total 4				
			D	7			
		2:15	Departure Time: 4:15 - 1 hour of billing				
			5:15 - 2 hours				
			6:15 - 3 hours				
Mar Cahaal Haura	(Mark dawn th	o timo vour child v	will be nigked up)				TOTAL
After School Hours: Monday		Tuesday	Wednesday	Thursday		Friday	TOTAL Week Hrs.
irst Child		ruesuay	Wednesday	illui Suay		Tiluay	week mis.
Sec. Child					-		
hird Child					-		
	Compute th	ne cost for the wee	ek. Fill in the blanks below:				
	-		ek X \$6.00 = \$	_			
	Second, thi	rd, etc. children	X \$5.75 = \$				
Minimum charge one	hour per day	is \$6.00)	Afternoon Total: \$				
Late Fee I	Policy:				Morning To	otal	\$
I		onday <i>prior</i> to the v	week needed.		Afternoon	Total	\$
	Offense: \$10				(Late Fee)		\$
Second Ti	me Offense: \$25	5			(Due from p		\$
	DTIONS FOR	COUEDIN INC AND	DAVMENT		I O I AL AMI	JOINT DUE	۶
	PHUNS FUR S	SCHEDULING AND	PATMENT				

Fax: 724-794-8181 and mail payment
Submit Schedule and Payment in Park Office

Week Nee	ded:	Mar. 9 - 13	Due to the Park Office: Monday	MARCH 2,	2026			27
Child's Nam	e:			School: (Ci	rcle)	М	SR	
Grade:		Teacher:						
Child's Nam	e:		Child's Nan	ne:				
Grade:		Teacher:						
	HOURS OF	OPERATION	MORNING PLAYSAFE	7	*11	n the ev	vent of a 2 ho	our delav.
	7:00-	8:45AM	Flat Rate of \$12				ill open at n	•
Before Scho	ool Hours:(Mark down the dav(s) v	our child will be attending)					TOTAL
	Monday	Tuesday		Thursday			Friday	# of Days
First Child					-			
Sec. Child Third Child					-			
Tilli a Cilita		_	_		-			
		-	he week. Fill in the blanks below:			*Frida	y is a Snow N	/lake-Up Day. We
			or week X \$12 = \$					f there is school.
		Secona, tnira, etc. cnil	dren X \$11.75 = \$ Morning Total: \$					
			Morning Total 4					
				7				
			Departure Time:					
			3:15-4:15 - 1 hour of billing 4:16-5:15 - 2 hours					
			5:16 - 6:15 - 3 hours					
				_				
After Schoo	Monday	ark down the time your Tuesday		Thursday			Friday	TOTAL Week Hrs.
First Child	Monday	•	Wednesday	i iiui Suay			riluay	Week HIS.
Sec. Child					-			
Third Child					-			
		Compute the cost for t	he week. Fill in the blanks below:					_
			for week X \$6.00 = \$	_			•	Make-Up Day. We
			dren X \$5.75 = \$	_		witt iii	olu Playsale i	f there is school.
(Minimum c	harge one h	our per day is \$6.00)	Afternoon Total: \$					
	Late Fee Po	licy:				ng Tot		\$
	1	are due the Monday <i>prior</i>	to the week needed.			noon T	otal	\$
	First Time C				(Late		-t	\$ \$
	Second 11m	e Offense: \$25				-	ior week) UNT DUE	\$ \$
	<u>0P</u>	TIONS FOR SCHEDULIN	G AND PAYMENT					
Mail Schedul Email Schedu Fax: 724-794	ule : playsafe	@srpark.org and <i>mail pa</i>	20 N. Main St., Slippery Rock PA 16057 wment					
		ment in Park Office						
	·							
Credit card #	t:		exp. date: Zip code:	CSV#				

Week Neede	d:	Mar. 16 - 20		Due to	the Park Office: Monday	MARCH 9	9, 2026			2
Child's Name:						School: (0	Circle)	М	SR	
Grade:		Teacher:								
Child's Name:						ne:				
Grade:		Teacher:			Grade:		Teach	ner:		
L.	IOLIDE OE	OPERATION			MORNING PLAYSAFE	٦	*1,	n tha a	vent of a 2 h	our dolay
Е		3:45AM			Flat Rate of \$12					normal time!
Before School	Hours: (Mark down	the day(s) y	our child	will be attending)					TOTAL
E:	Monday		Tuesday		Wednesday	Thursday	′		Friday	# of Days
Sec. Child		- -		_			_			
Third Child		-		_			_			
					Fill in the blanks below:					
					X \$12 = \$ X \$11.75 = \$					
			.,		Morning Total: \$					
					Departure Time:]				
				1	5 - 1 hour of billing 5 - 2 hours					
					15 - 3 hours					
After School H	lours: (M	ark down th	e time vour	child wil	ll be picked up)					TOTAL
	Monday		Tuesday		Wednesday	Thursday	,		Friday	
First Child				_			_			
Sec. Child Third Child		-		_			_			
				_ 	Fill in the blanks below		_			
					Fill in the blanks below: X \$6.00 = \$	_				
		Second, thi	rd, etc. chilo		X \$5.75 = \$	-				
(Minimum cha	rge one h	our per day	is \$6.00)		Afternoon Total: \$					
_								_		
	i <mark>te Fee Pol</mark>	<u>icy:</u> re due the Mo	nday <i>nrior</i> t	to the we	ek needed			ing Tot noon T		\$ \$
		ffense: \$10	stiddy prior	io the we	en needed.		(Late		otat	\$
Se	cond Time	Offense: \$25	i						rior week)	\$
	UD.	TIONS EOD S	CHEDIII INI	C VND D	AVMENT		TOTA	L AMO	UNT DUE	\$
Mail Schedule a		TIONS FOR S ent to:			St., Slippery Rock PA 16057					
Email Schedule			and <i>mail pa</i>	yment						
Fax: 724-794-8 Submit Schedul			Office							

Submit Schedule and Payment in Park Office

Week Nee	ded:	Mar. 30 - Ap	or. 3	Due to	the Park Office:	Monday	MARCH 23, 2026	5	30
Child's Nam	ne:						School: (Circle)	M SR	
Grade:		Teacher:							
Child's Nam	ne:				(Child's Nam	ne:		
Grade:		Teacher:					Teach		
	HOURS OF	OPERATION			MORNING PLAYSA	.FE	*11	n the event of a 2 h	our delay,
	7:00-	8:45AM			Flat Rate of \$12		Play	safe will open at r	normal time!
Before Sch	ool Hours:	(Mark down t	the day(s) y	our child	will be attending)				TOTAL
First Obild	Monday		Tuesday		Wednesday		Thursday	Friday	# of Days
Sec Child		_		_					
Third Child		_		_					
		Compute th	o cost for t	ho wook	Fill in the blanks	holow:			
		-			Fill in the blanks X \$12 =		*Thursday	is a Snow Day. We will hold	
					X \$11.75 =		Make op i	there is school.	
					Morning To	al: \$			
							1		
				1	Departure Time: - 1 hour of billing				
				1	- 2 hours				
				5:16 - 6:1	5 - 3 hours				
After Schoo	d Hours: (M	lark down th	e time vour	child will	be picked up)				TOTAL
Alter Selloe	Monday	iani aowii iii	Tuesday		Wednesday		Thursday	Friday	Week Hrs.
First Child		_		_				·	
Sec. Child		_		_					
Third Child		_		_					
					Fill in the blanks		*Thursday	is a Snow	
					X \$6.00			Day. We will hold	
(Minimum c	harge one k	Second, thi nour per day		dren	= Afternoon To		Playsate it	there is school.	
(Millimitalii C	inal ge one i	lour per day	13 \$0.00)		Aiternoon io	ιαι. Ψ			
	Late Fee Po	licv.					Morni	ing Total	\$
	1	are due the Mo	onday <i>prior</i>	to the wee	k needed.			noon Total	\$
	First Time C	Offense: \$10					(Late	Fee)	\$
	Second Tim	e Offense: \$25	j .					from prior week)	\$
	OP	TIONS FOR S	CHEDULIN	G AND PA	YMFNT		IUIA	L AMOUNT DUE	\$
Mail Schedu	le and Paymo				St., Slippery Rock	PA 16057			
		e@srpark.org	and <i>mail pa</i>	yment					
	4-8181 and <i>m</i>	<i>all payment</i> yment in Park	Office						
Javiille Jule	wate allu Fd	yment in Falk	JIIICE						

Week Needed:	Apr. 6 - 10	Due to the Park Office: Monday	MARCH 3	3		
Child's Name:			School: (Ci	ircle) M	SR	
	Teacher:			·		
Child's Name:		Child's Nan	ne:			
	Teacher:					
HOURS	C ODEDATION	MORNING DI AVCAFE	٦	*! 41		
	F OPERATION -8:45AM	MORNING PLAYSAFE Flat Rate of \$12			event of a 2 h will open at r	• •
Before School Hours:	(Mark down the day(s) v	our child will be attending)				TOTAL
Monday		Wednesday	Thursday		Friday	# of Days
First Child Sec. Child				_		
Third Child		<u> </u>		-		
*Monday is a Snow Make-Up	Committee the cost for the	ne week. Fill in the blanks below:		_		
We will hold playsafe if there	-	r week X \$12 = \$				
is school.		Iren X \$11.75 = \$				
		Morning Total: \$				
			7			
		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 nicked up)				TOTAL
Monday		Wednesday	Thursday		Friday	Week Hrs.
First Child				_		
Sec. Child		<u> </u>		_		
Third Child				-		
		ne week. Fill in the blanks below:				
		or week X \$6.00 = \$	_			
(Minimum charge one	hour per day is \$6.00)	Iren X \$5.75 = \$ Afternoon Total: \$				
(Milling that ge one	nour per day is \$0.00)	Arternoon rotat 4				
Late Fee P	olicy:			Morning To	otal	\$
	are due the Monday <i>prior</i>	to the week needed.		Afternoon		\$
	Offense: \$10			(Late Fee)		\$
Second Tir	me Offense: \$25				orior week)	\$
0	PTIONS FOR SCHEDULIN	G AND PAYMENT		TUTAL AM	OUNT DUE	\$
Mail Schedule and Payr	nent to: SRAP&R 32	0 N. Main St., Slippery Rock PA 16057				
	fe@srpark.org and <i>mail pa</i>	yment				
Fax: 724-794-8181 and A Submit Schedule and Pa						
January Jeneuale and I	-,em in i dik office					

Week Nee	ded:	Apr. 13 - 17	Due to the Park Office: Monday	/ APRIL 6, 2026			32
				School: (Ci	ircle) M	SR	
Grade:		Teacher:					
Child's Nam	ne:		Child's Nai	me:			
Grade:		Teacher:	Grade:				
	<u> </u>	OPERATION	MORNING PLAYSAFE	7		event of a 2 h	•
	7:00-	8:45AM	Flat Rate of \$12		Playsafe	will open at i	normal time!
Before Sch	ool Hours:	(Mark down the day(s) y	our child will be attending)				TOTAL
First Child Sec. Child	Monday 		Wednesday 	Thursday	- -	Friday	# of Days
Third Child		_	-		_		
			ne week. Fill in the blanks below:	_			
		-	Iren 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				
			0.10 0.10 0 110015				
After School		lark down the time your		-			TOTAL
First Child	Monday	Tuesday	Wednesday	Thursday		Friday	Week Hrs.
Sec. Child		_			_		
Third Child					- -		
		Compute the cost for the	ne week. Fill in the blanks below:				
		First child total hours f	or week X \$6.00 = \$				
			Iren X \$5.75 = \$				
(Minimum o	:harge one l	nour per day is \$6.00)	Afternoon Total: \$				
	Late Fee Po	olicy: are due the Monday <i>prior</i> t	to the week needed		Morning T Afternoon		\$ \$
	First Time C		to the week needed.		(Late Fee		\$
	Second Tim	e Offense: \$25				prior week)	\$ \$
		TIONS FOR COLUMN	- AND DAVMENT		TOTAL AM	IOUNT DUE	\$
Mail Schodu	<u>OP</u> le and Paymo	TIONS FOR SCHEDULING	G AND PAYMENT O N. Main St., Slippery Rock PA 16057				
	•	e@srpark.org and <i>mail pa</i>					
Fax: 724-794	4-8181 and <i>m</i>	ail payment					
Submit Sche	dule and Pay	yment in Park Office					

Week Nee	ded:	Apr. 20 - 24		Due to th	e Park Office	: Monday	APRIL 13,	2026			33	
Child's Nam	ne:						School: (Ci	rcle)	M	SR		
		Teacher:			_							
Child's Nam	ne:					me:						
Grade:		Teacher:				Grade:						
		OPERATION 8:45AM		M	ORNING PLAYS Flat Rate of \$1					vent of a 2 h vill open at n	our delay, ormal time!	
Before Scho	ool Hours: Monday		ne day(s) yo Tuesday	our child will be attending) Wednesday			Thursday			Friday	TOTAL # of Days	
First Child Sec. Child				_				-				
Third Child				- -				- -				
		First child to	tal days fo	r week	ill in the blank: X \$12 = X \$11.75 Morning To	\$ = \$						
				1								
After Schoo	ol Hours: (M	lark down the	time your	child will b	e picked up)						TOTAL	
First Child Sec. Child	Monday		Tuesday	_	Wednesday		Thursday	-		Friday	Week Hrs.	
Third Child				_				-				
		First child to	tal hours f	or week	ill in the blank: X \$6.00	= \$	_					
(Minimum c	:harge one l	Second, third hour per day is		Iren	X \$5.75 Afternoon T		· 					
Late Fee Policy: Schedules are due the Monday prior First Time Offense: \$10 Second Time Offense: \$25				to the week needed.				Morning Total Afternoon Total <i>(Late Fee)</i> <i>(Due from prior week)</i>				
	OPTIONS FOR SCHEDULIN				IC AND DAVMENT			TOTAI	L AMO	UNT DUE	\$\$	
Mail Schedul	le and Paym	ent to:	SRAP&R 32	0 N. Main St.	<u>MEINT</u> ., Slippery Rock	PA 16057						
		e@srpark.org a nail payment	and <i>mail pa</i>	yment								
		vment in Park (Office									

Week Needed: Apr. 27 - May 1			ıy 1	Due to t	APRIL 20,	34					
Child's Nam	ne:						School: (Ci	rcle)	М	SR	
Grade:		Teacher: _			_						
Child's Nam	ne:					Child's Nam	ne:				
Grade:		Teacher: _									
		OPERATION 8:45AM		M	IORNING PLAYSA Flat Rate of \$12			vent of a 2 hour delay, vill open at normal time!			
Before Sch	ool Hours:	(Mark down	the day(s) y	our child w	ill be attending)					TOTAL
First Child Sec. Child Third Child		_	Tuesday	_ _	Wednesday		Thursday	-	-	Friday	# of Days
		Compute the	otal days fo	r week	ill in the blanks X \$12 = X \$11.75 Morning To	\$ = \$		-	•		
				1							
After Schoo	ol Hours: (M	lark down th	e time your	child will b	e picked up)						TOTAL
First Child Sec. Child Third Child	Monday	_	Tuesday	- -	Wednesday		Thursday	-		Friday	Week Hrs.
	charge one l	First child t	otal hours f rd, etc. child	or week	ill in the blanks X \$6.00 X \$5.75 = Afternoon To	= \$ = \$	-	-	•		
Late Fee Policy: Schedules are due the Monday <i>prior</i> First Time Offense: \$10 Second Time Offense: \$25				to the week	needed.			Afterr (Late (Due f	rom pr	otal <i>cior week)</i>	\$\$ \$\$ \$\$
	0.5	TIONS FOR	CHEDIII IN	G AND DAY	MENT			TOTAL	_ AMO	UNT DUE	\$
Fax: 724-794	le and Paym ule : playsaf 4-8181 and <i>m</i>	e@srpark.org	SRAP&R 32 and <i>mail pa</i>	0 N. Main S	MENI t., Slippery Rock	PA 16057					

Week Need	ded:	May 4 - 8		Due to th	APRIL	35					
Child's Nam	e:						School:	(Circle)) M	SR	
Grade:		Teacher: _									
Child's Nam	e:					Child's Nam	ne:				
		Teacher: _									
		OPERATION 8:45AM		MORNING PLAYSAFE Flat Rate of \$12]			f a 2 hour delay, en at normal time!	
							1		,		
Before Scho		Mark down t		ur child wi	ll be attending)		Thursd	la		Fuidan	TOTAL
First Child	Monday		Tuesday		Wednesday		Thursd	lay		Friday	# of Days —
Sec. Child		-		-							
Third Child		_		_							
		First child t	otal days fo	r week	ill in the blanks X \$12 = X \$11.75 Morning To	\$ = \$					
				1							
After Schoo	l Hours: (M.	ark down the	time vour	child will he	nicked un)						TOTAL
	Monday		Tuesday		Wednesday		Thursd	lay		Friday	Week Hrs.
First Child		_		_							
Sec. Child		_		_							
Third Child		_		_							
(Minimum c	harge one h	First child t	otal hours f rd, etc. chilo	or week	ill in the blanks X \$6.00 X \$5.75 = Afternoon To	= \$ = \$					
Late Fee Policy: Schedules are due the Monday <i>prior</i> First Time Offense: \$10 Second Time Offense: \$25				to the week	Morning To Afternoon (<i>Late Fee)</i> (Due from p			Total) prior week)	\$ \$ \$		
	U.P.	TIONS FOR S	CHEDIII INC	AND PAVI	MENT			101	AL AM	OUNT DUE	\$
Fax: 724-794	e and Payme ule: playsafe -8181 and <i>ma</i>	nt to : @srpark.org	SRAP&R 32 and <i>mail pay</i>	0 N. Main St	., Slippery Rock	PA 16057	'				

Submit Schedule and Payment in Park Office

week nee	aea:	May 18 - 22		Due to	the Park Office: Monday	/ IVIAY 11, 20	J26			3/
Child's Nam	ne:					School: (C	ircle)	М	SR	
Grade:						•	·			
Child's Nam	ie:				Child's Na	ame:				
Grade:					Grade:					
						_				
		8:45AM			MORNING PLAYSAFE Flat Rate of \$12				vent of a 2 h	our delay, ormal time!
								,54.6	in open at i	
Before Scho	Monday	(Mark down	the day(s) ye Tuesday	our child	will be attending) Wednesday	Thursday			Friday	TOTAL # of Days
First Child			ruesuay		Weunesuay	Tilui suay			Tiluay	# OI Days
Sec. Child				_			_			
Third Child		_		_			-			
					Fill in the blanks below:					
			•		X \$12 = \$ X \$11.75 = \$					
		Second, till	iru, etc. ciiit		Morning Total: \$					
					•					
					Departure Time:					
				1	- 1 hour of billing					
				1	- 2 hours					
				5:16 - 6:1	5 - 3 hours					
After School		Mark down th	-	child will	be picked up)					TOTAL
First Child	Monday		Tuesday		Wednesday	Thursday			Friday	Week Hrs.
Sec. Child				_			-			
Third Child		_ _		_ _			- -			
		Compute ti	ne cost for tl	ne week.	Fill in the blanks below:					
		First child	total hours f	or week _	X \$6.00 = \$					
(Minimum a	haraa ana			lren	X \$5.75 = \$					
(Minimum C	narge one	hour per day	15 \$0.00)		Afternoon Total: \$					
	Lata Faa Ba	alies a					Morn	ing Tot	tal.	ć
	Late Fee Po	are due the M	onday <i>prior</i> t	to the wee	k needed.			noon T		\$ \$
	First Time (Offense: \$10						Fee)		\$
	Second Tim	e Offense: \$2	5					-	rior week) UNT DUE	\$
	<u>0</u>	PTIONS FOR	SCHEDULIN	G AND PA	YMENT		IUIA	L AMO	ONI DOE	ş
Mail Schedul Email Sched	le and Paym		SRAP&R 32	0 N. Main	St., Slippery Rock PA 16057	_				
Fax: 724-794			,	,						
Submit Sche	dule and Pa	yment in Park	Office							
Credit card #	# :			exp. dat	e: Zip code:	CSV#				

Week Needed:	May 25 - 29	Due to the Park Office: Monday	MAY 18, 2	026			38
Child's Name:			School: (Ci	ircle)	M	SR	
Grade:	Teacher:						
Child's Name:		Child's Na	me:				
Grade:	Teacher:						
HOURS	OF OPERATION	MORNING PLAYSAFE		*In	the e	vent of a 2 h	our delay,
7:0	00-8:45AM	Flat Rate of \$12		Plays	safe w	vill open at r	ormal time!
Before School Hours	s: (Mark down the day(s)	your child will be attending)					TOTAL
Monda	ay Tuesda	y Wednesday	Thursday			Friday	# of Days
First Child Sec. Child		<u> </u>		-			
Third Child				- -			
	Compute the cost for	the week. Fill in the blanks below:					
	First child total days	for week X \$12 = \$					
	Second, third, etc. ch	ildren X \$11.75 = \$					
		Morning Total: \$					
		Departure Time:	7				
		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	ır child will be picked up)					TOTAL
Monda			Thursday			Friday	Week Hrs.
First Child				_			
Sec. Child Third Child		<u> </u>		_			
mind Child				_			
		the week. Fill in the blanks below:					
		s for week X \$6.00 = \$ ildren	-				
(Minimum charge on	ne hour per day is \$6.00)	Afternoon Total: \$	_				
(Minimum enarge of	ie flour per day is \$0.00)	Anternoon Total 4					
Late Fee	Policy:			Mornir	na Toi	tal	\$
•	es are due the Monday <i>prio</i>	r to the week needed.		Aftern			\$
First Tim	e Offense: \$10			(Late I	Fee)		\$
Second T	ime Offense: \$25					rior week)	\$
	OPTIONS FOR SCHEDULI	NG AND PAYMENT		IUTAL	. AMO	UNT DUE	\$
Mail Schedule and Pay		320 N. Main St., Slippery Rock PA 16057					
Email Schedule: plays	, safe@srpark.org and <i>mail _l</i>						
Fax: 724-794-8181 and							
Submit Schedule and	Payment in Park Office						

Week Nee	ded:	Jun. 1 - 5		Due to the	ne Park Offic	e: Monday	MAY 25, 2	026			3
Child's Nam	e:						School: (Ci	ircle)	M	SR	
Grade:		Teacher: _			_						
Child's Nam	e:					Child's Nan	ne:				
Grade:		Teacher: _				Grade:					
		OPERATION		M	ORNING PLAYS]			vent of a 2 h	•
	7:00-	8:45AM			Flat Rate of \$	12		Play	/safe w	ill open at r	ormal time!
	Monday		the day(s) y Tuesday		ill be attending Wednesday		Thursday			Friday	TOTAL # of Days
First Child Sec. Child Third Child		_		- -		- - -		- - -			
		Compute the	total days fo	r week	ill in the blank X \$12 = X \$11.75 Morning T	\$					
				1		9					
After Schoo	Monday		e time your Tuesday	child will b	e picked up) Wednesday		Thursday			Friday	TOTAL Week Hrs.
Sec. Child Third Child		_		 		- - -		- - -			
		First child	total hours f	for week	ill in the blank X \$6.0 X \$5.75	0 = \$	-				
(Minimum c	harge one l	hour per day			Afternoon 1						
	First Time C	are due the M		to the week	needed.			Afterr (Late (Due f	rom pi		\$\$ \$\$ \$\$
Mail Cahad		TIONS FOR				, DA 14057					
Fax: 724-794	ule: playsaf -8181 and <i>m</i>	e@srpark.org	and <i>mail pa</i>		, Slippery Rocl	(PA 1003/					

Week Nee	Week Needed: Jun. 8 - 12			Due to th	e Park Office	: Monday	JUNE 1, 20	40			
Child's Nam		 Teacher:			_		School: (C	ircle)	М	SR	
Child's Nam Grade:		 Teacher:				ne:					
		OPERATION 8:45AM		M				ent of a 2 h ill open at n	our delay, ormal time!		
F: . O	Monday		the day(s) yo	our child wi 	ll be attending Wednesday)	Thursday	- - -		Friday	TOTAL # of Days
		First child t	otal days fo	r week	ll in the blanks X \$12 = X \$11.75 Morning To	\$					
				1							
After School First Child Sec. Child Third Child	N Hours: (M Monday	lark down th - -	e time your Tuesday	child will b	e picked up) Wednesday		Thursday			Friday	TOTAL Week Hrs.
(Minimum c	harge one f	First child t	otal hours f rd, etc. chilo	or week	ll in the blanks X \$6.00 X \$5.75) = \$ = \$					
	First Time 0	re due the Mo		to the week	needed.				ioon To Fee) rom pr		\$ \$ \$ \$
Fax: 724-794	e and Payme ule: playsafe -8181 and <i>m</i>	e@srpark.org	SRAP&R 32 and <i>mail pa</i>	0 N. Main St.	<mark>MENT</mark> ., Slippery Rock	PA 16057	I	TOTAL	. AIVIU	ONI DUE	>