Week Needed: *Jan. 5 - 9* **Due to the Park Office: Monday DECEMBER 29, 2025** 18

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 # 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 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: *Jan. 12 - 16* **Due to the Park Office: Monday JANUARY 5, 2026** 19

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 # 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 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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Email Schedule: playsafe@srpark.org and *mail payment*
Fax: 724-794-8181 and *mail payment*
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Credit card #:_____exp. date: _____ Zip code: _____ CSV#_____

DO NOT give to school office or to Playsafe Supervisor

Week Needed: *Jan. 19 - 23* **Due to the Park Office: Monday JANUARY 12, 2026** 20

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 # of Days**
First Child	[redacted]	_____	_____	_____	_____	_____
Sec. Child		_____	_____	_____	_____	_____
Third Child		_____	_____	_____	_____	_____

***Monday is a Snow Make-Up Day. We will hold Playsafe if there is school.**

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 Week Hrs.**
First Child	[redacted]	_____	_____	_____	_____	_____
Sec. Child		_____	_____	_____	_____	_____
Third Child		_____	_____	_____	_____	_____

***Monday is a Snow Make-Up Day. We will hold Playsafe if there is school.**

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: *Jan. 26 - 30* **Due to the Park Office: Monday JANUARY 19, 2026** 21

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 # 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 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: *Feb. 2 - 6* **Due to the Park Office: Monday JANUARY 26, 2026** 22

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 # 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 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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Email Schedule: playsafe@srpark.org and *mail payment*
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Credit card #:_____**exp. date:** _____ **Zip code:** _____ **CSV#**_____

DO NOT give to school office or to Playsafe Supervisor

Week Needed: *FEB. 9 - 13* **Due to the Park Office: Monday FEBRUARY 2, 2026** 23

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 # 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 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: *Feb. 16 - 20* **Due to the Park Office: Monday FEBRUARY 9, 2026** 24

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 # of Days**
First Child	[redacted]	_____	_____	_____	_____	_____
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 Week Hrs.**
First Child	[redacted]	_____	_____	_____	_____	_____
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: *Feb 23 - 27* **Due to the Park Office: Monday FEBRUARY 16, 2026** 25

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 # 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 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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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: *Mar. 2 - 6* **Due to the Park Office: Monday FEBRUARY 23, 2026**

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 # 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 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: *Mar. 9 - 13* **Due to the Park Office: Monday MARCH 2, 2026** 27

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 # 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: $_____

***Friday is a Snow Make-Up Day. We will hold Playsafe if there is school.**

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 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: $_____**

***Friday is a Snow Make-Up Day. We will hold Playsafe if there is school.**

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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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: *Mar. 16 - 20* **Due to the Park Office: Monday MARCH 9, 2026**

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # 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 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: *Mar. 23 - 27* **Due to the Park Office: Monday MARCH 16, 2026**

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # 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 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: *Mar. 30 - Apr. 3* **Due to the Park Office: Monday MARCH 23, 2026** 30

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 # of Days**
First Child	_____	_____	_____	[redacted]		_____
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: $_____

***Thursday is a Snow Make-Up Day. We will hold Playsafe if there is school.**

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 Week Hrs.**
First Child	_____	_____	_____	[redacted]		_____
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: $_____**

***Thursday is a Snow Make-Up Day. We will hold Playsafe if there is school.**

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: *Apr. 6 - 10* **Due to the Park Office: Monday MARCH 30, 2026**

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # of Days**
First Child	[redacted]	_____	_____	_____	_____	_____
Sec. Child		_____	_____	_____	_____	_____
Third Child		_____	_____	_____	_____	_____

*Monday is a Snow Make-Up. We will hold playsafe if there is school.

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 Week Hrs.**
First Child	[redacted]	_____	_____	_____	_____	_____
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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Email Schedule: playsafe@srpark.org and *mail payment*
Fax: 724-794-8181 and *mail payment*
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Credit card #:_____**exp. date:** _____ **Zip code:** _____ **CSV#**_____

DO NOT give to school office or to Playsafe Supervisor

Week Needed: *Apr. 13 - 17* **Due to the Park Office: Monday APRIL 6, 2026**

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # 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 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: *Apr. 20 - 24* **Due to the Park Office: Monday APRIL 13, 2026**

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # 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 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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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: *Apr. 27 - May 1* **Due to the Park Office: Monday APRIL 20, 2026**

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # 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 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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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: *May 4 - 8*

Due to the Park Office: Monday APRIL 27th, 2026

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # 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 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: *May 11 - 15* **Due to the Park Office: Monday MAY 4, 2026**

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # 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 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

Week Needed: *May 18 - 22* **Due to the Park Office: Monday MAY 11, 2026**

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # 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 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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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: *May 25 - 29*

Due to the Park Office: Monday MAY 18, 2026

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # of Days**
First Child	[redacted]	_____	_____	_____	_____	_____
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 Week Hrs.**
First Child	[redacted]	_____	_____	_____	_____	_____
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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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: *Jun. 1 - 5*

Due to the Park Office: Monday MAY 25, 2026

Child's Name:_____ School: (Circle) **M** **SR**
Grade: _____ Teacher: _____

Child's Name:_____
Grade: _____ Teacher: _____

Child's Name:_____
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 # 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 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: *Jun. 8 - 12* **Due to the Park Office: Monday JUNE 1, 2026** 40

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 # of Days**
First Child	_____	_____	_____	_____	[redacted]	_____
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 Week Hrs.**
First Child	_____	_____	_____	[redacted]		_____
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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