

Slippery Rock Area Parks & Recreation Adventure Camp/ Extended Care Schedule

| | | | | | | |
|--|--|---------------------|------------------|-----------------|---------------|---------------------|
| Child's Name: _____ | Grade: _____ | | | | | |
| Child's Name: _____ | Grade: _____ | | | | | |
| Child's Name: _____ | Grade: _____ | | | | | |
| Camp Schedule Monday-Fridays-9:00-12:00 Drop off: 7:30-8:45 | Camp Rates Weekly: \$105 per camp *One time registration fee: \$25/ family Registration paperwork must be completed and paid before children attend camp. | | | | | |
| Camps Selected: | | | | | | |
| | Camp Selected | Weekly Total | | | | |
| First Child | | \$105 | | | | |
| Second Child | | \$105 | | | | |
| Third Child | | \$105 | | | | |
| Camp Total: _____ | | | | | | |
| Extended Care Schedule Monday-Friday: 12:00-5:00 | Rates First Child: \$25/day Additional Children: \$22/day | | | | | |
| Available Pick Up Times: 3:00, 4:00, 4:30-5:00 | | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | Weekly Total |
| First Child | | | | | | _____x\$25=_____ |
| Second Child | | | | | | _____x\$22=_____ |
| Third Child | | | | | | _____x\$22=_____ |
| Extended Care Total: _____ | | | | | | |
| *Weekly Total: _____ (Camp Total + Extended Day Total) | | | | | | |

Payment & Scheduling Options: (Check, Cash, and Credit Cards Accepted)

- **Mail Schedule & Payment To:** 320 North Main Street, Slippery Rock, PA 16057
- **Email Schedule To:** playsafe@srpark.org & drop off/call in payment
- **Call In Credit Card Information To:** 724-794-8180
- **Fax Schedule To:** 724-794-8181 & drop off/ call in payment