Slippery Rock Area Parks & Recreation
Playsafe Financial Agreement & Contract

Name of Child:_____ **Grade:** _____ **Teacher:**_____

PLEASE SELECT YOUR CHILD'S PLAYSAFE LOCATION

- ☐ **Moraine Elementary**
- ☐ **Slippery Rock Area Elementary**

HOURS OF OPERATION & DAILY RATES:

Morning- 7:00-8:45
Afternoon-3:15- 5:30

DAILY RATE: $15
AM & PM included
*Rate includes daily snacks and activities.

ADDITIONAL RATES

- **Registration Fee:** $25/ family
- **Late/No Schedule Fee:** $20
- **Additional or Unscheduled Day Fee:** $20
- **Late Payment Fee:** $20
- **Returned Check Fee:** $12

PERSONS OTHER THAN PARENT/GUARDIAN WHOM A CHILD MAY BE RELEASED WITH

*PHONE NUMBERS AND ADDRESSES REQUIRED

I, the parent/guardian:

- ☐ Received complete written program information at the time of enrollment.
- ☐ Understand and agree to all of the terms and conditions of the Slippery Rock Area Parks & Recreation Playsafe program policies including scheduling and payment deadlines.
- ☐ Have completed and submitted all required forms in the registration packet.

_____ _____ _____ _____

Signature of Parent/ Guardian **Date** **Signature of Operator** **Date**

Date of Enrollment:_____ **Date of Withdrawal:**_____

Slippery Rock Area Parks & Recreation
Playsafe Financial Agreement & Contract

MONTHLY SCHEDULES

- Monthly Playsafe schedules are required to be submitted in advance.
- Monthly schedules are to be submitted to the Park office no later than the last Monday of the month prior to the month of service.
- You will have the option of a fixed weekly schedule or a rotating schedule that alternates every other week.
- Please select your preference on the schedule each month.
- Once received, the monthly schedule will be broken up into weekly invoices and will be sent out to families through the Procare app.
- Families will be enrolled into the Procare system once all registration paperwork is received.
- If your schedule will remain consistent for the entire year, please indicate this by checking the box at the bottom of the schedule. You will not need to submit monthly schedules for the rest of the year unless your needs change.
- Additional days can be added to the current monthly schedule as needed, however the daily rate for additional days will be $20 rather than the standard $15 rate.
- Changes to current monthly schedules must be made at least one week in advance, no later than the Monday prior to the week of service needing changed.
- Any last minute changes need to be communicated to both the Park for billing purposes and the school for scheduling purposes.
- You will not receive a credit or refund for pre-scheduled days that your child did not attend due to illness or other situational changes.
- You are still required to communicate your child's absence from the program to both the Park and your child's elementary school, so that we can account for all of the children we will be responsible for each day.
- Families who opt to change their schedules monthly MUST submit their new schedule no later than the last Monday of the month, prior to the month of service you are scheduling for.
- Late submissions will result in a $20 late fee attachment to your invoice.

PAYMENT

- All Slippery Rock Area Parks & Recreation programs are prepaid programs.
- All payments are required before the service has occurred.
- Invoice payments for the upcoming week of service, will be due by 12:00 p.m. the Friday prior to the week of service.
- If we do not receive payment by Friday, your child will not be permitted to attend the program until payment is received.
- Credit card information is required to be entered into the Procare system for recurring payments.
- Payments are processed on Fridays, the week before service.

Slippery Rock Area Parks & Recreation
Playsafe Financial Agreement & Contract

PAYMENT

- If your credit card information changes for any reason, it is your responsibility to update your payment information in the Procare system.
- If you wish to pay by cash or check, the payment must be received no later than Thursday, the week before service, or your card will be automatically charged.
- Families who opt to pay by cash or check are still required to have an active card on file.
- There is a $20 late fee for payment received later than the due dates specified above.
- There are no refunds unless the program is cancelled by the Park.
- All payments are final.

OPTIONS FOR SUBMITTING SCHEDULES

- Email schedule to playsafe@srpark.org
- Drop off schedule and payment to the office during business hours: Monday-Friday 7:30-3:30.
- Leave your schedule/payment in the office drop off box after regular business hours.
- Mail schedules to 320 North Main Street, Slippery Rock, PA 16057.
    - Please ensure you do this in advance to ensure your schedules/payment arrive by the days on which they are due.
- Fax schedule to 724-794-8181.

PARENT ACKNOWLEDGMENT

☐ I have fully read, understand, and agree to the above terms and conditions of the Slippery Rock Parks & Recreation Playsafe program.

_____ _____
Parent/ Guardian Signature Date

_____ _____
Operator Signature Date

Date of Admission:_____ Date of Withdrawal: _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILDS NAME	BIRTHDATE
ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	CELL PHONE NUMBER
BUSINESS NAME	BUSINESS NUMBER
ADDRESS	
FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	CELL PHONE NUMBER
BUSINESS NAME	
ADDRESS	
EMERGENCY CONTACT PERSON - NAME	EMERGENCY CONTACT PERSON - NUMBER
EMERGENCY CONTACT PERSON NAME	EMERGENCY CONTACT PERSON - NUMBER
PERSON(S) TO WHOM CHILD MAY BE RELEASED (NAME, ADDRESS, & TELEPHONE NUMBER WHILE CHILD IS IN CARE)	
1.	
2.	
3	
NAME OF CHILD'S PHYSICIAN	TELEPHONE NUMBER
ADDRESS	
ALLERGIES (INCLUDING MEDICATION REACTION)	SPECIAL DISABILITIES
MEDICAL/DIETARY INFORMATION NECESSARY IN EMERGENCY SITUATIONS	MEDICATION/SPECIAL SITUATION
NAME OF HEALTH INSURANCE COVERAGE FOR CHILD	POLICY NUMBER

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING MEDICAL CARE	ADMINISTRATION OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY FACILITY	WADING

PERIODIC REVIEW

SIGNATURE OF PARENT:	DATE:
SIGNATURE OF DIRECTOR:	DATE:

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:		SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:		TITLE:
	PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

Bee Sting Pad Permission

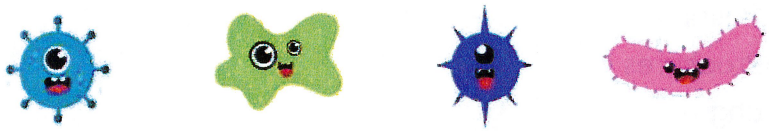
Daily outdoor activity is part of our early childhood program. Although we encourage children to stay clear of bees and wasps while playing outside, occasional bee stings can happen. Our First-Aid kits are equipped with bee sting treatment pads, but the state considers this a medicine, which requires parent consent. By signing the form below, you give permission for your child to receive a bee sting treatment pad in the event of a bee sting while at school. Without the completion of this form, your child will receive an ice pack treatment instead.

Child's Name:_____

I give permission for my child to receive a bee sting treatment pad in the event of a bee sting while in care at the Slippery Rock Area Parks and Recreation Early Learning Center during the 2026-2027 school year.

_____

Parent/ Guardian Signature **Date**



Hand Sanitizer Permission

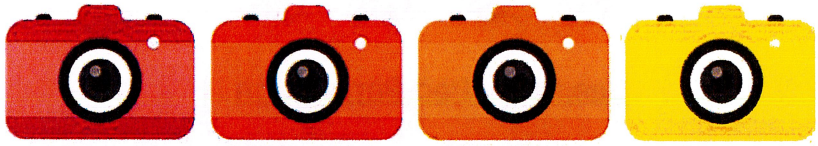
Although handwashing is an essential routine part of the day, sometimes hand sanitizer is a more efficient way to stop the spread of germs while your child is at school. Our classrooms offer kid-friendly hand sanitizer for times when sneezes, runny noses, or outside play calls for a quick clean up. By signing the form below, you consent to your child receiving hand sanitizer while in our care.

Child's Name:_____

I give permission for my child to receive one pump of hand sanitizer while in care at the Slippery Rock Area Parks and Recreation Early Learning Center during the 2026-2027 school year.

_____

Parent/ Guardian Signature **Date**



Minor Photo Release Form

Parent/Guardian Information:

Full Name: _____

Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Minor's Information:

Full Name:_____

Date of Birth:_____

Purpose of Photo Use:

I grant permission for Slippery Rock Area Parks and Recreation to take and use images of my child for the following purposes:

- ☐ Social Media Posts
- ☐ Newsletters/Brochures
- ☐ Digital Marketing

These images may be published to public websites and be accessible by the general Public.

☐ I do not wish for images of my child to be posted to the public.

_____

Parent/ Guardian Signature **Date**

Slippery Rock Area Parks & Recreation
Playsafe Schedule

School: (Circle) **M** **SR** **Month of:** _____

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

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

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

SCHEDULING OPTIONS

Please Select the Number of Days You Wish to Register Your Child/Children for This Month

1 Day:_____ **2 Days:**_____ **3 Days:**_____ **4 Days:**_____ **5 Days:**_____

FIXED OR ALTERNATING WEEKS

If you would like to use the same weekly schedule for the entire month, please check the box below:

☐ **Same Weekly Schedule**

If you would like to alternate schedules every other week, please check the box below.

☐ **Alternate Weekly Schedule**

***You must register for the same amount of days per week regardless of whether or not the weekly schedule will remain consistent or rotate weekly.**

Week	Morning Hours: 7:00-8:45 *Please indicate drop off time.	Afternoon Hours: 3:15-5:30 *Please indicate pick up time.
1	Monday Tuesday Wednesday Thursday Friday 1st Child _____ _____ _____ _____ _____ 2nd Child _____ _____ _____ _____ _____ 3rd Child _____ _____ _____ _____ _____	Monday Tuesday Wednesday Thursday Friday 1st Child _____ _____ _____ _____ _____ 2nd Child _____ _____ _____ _____ _____ 3rd Child _____ _____ _____ _____ _____
2	Monday Tuesday Wednesday Thursday Friday 1st Child _____ _____ _____ _____ _____ 2nd Child _____ _____ _____ _____ _____ 3rd Child _____ _____ _____ _____ _____	Monday Tuesday Wednesday Thursday Friday 1st Child _____ _____ _____ _____ _____ 2nd Child _____ _____ _____ _____ _____ 3rd Child _____ _____ _____ _____ _____

☐ **CHECK THIS BOX IF YOUR CHILD'S SCHEDULE WILL REMAIN CONSISTENT FOR THE ENTIRE SEMESTER.**

Full Day Flat Rate: **$15** (Each Child) **Total Amount Due:**_____

Please see requirements for schedules and payments on back of form
***Invoices will be created and emailed through our Procare app. Parents must register their children through the Procare app before services can begin.**

MONTHLY SCHEDULES

- Monthly Playsafe schedules are required to be submitted in advance.
- Monthly schedules are to be submitted to the Park office no later than the last Monday of the month prior to the month of service.
- You will have the option of a fixed weekly schedule each week or a rotating schedule that alternates every other week.
- Please select your preference on the schedule each month.
- Once received, the monthly schedule will be broken up into weekly invoices and will be sent out to families through the Procare app.
- If your schedule will remain consistent for the entire semester, please indicate this by checking the box at the bottom of the schedule. You will not need to submit monthly schedules for the semester unless your needs change.
- Additional days can be added to the current monthly schedule as needed, however the daily rate for additional days will be $20 rather than the standard $15 rate.
- Changes to current monthly schedules must be made at least one week in advance, no later than the Monday prior to the week of service needing changed.
- Any last minute changes need to be communicated to both the Park for billing purposes and the school for scheduling purposes.
- You will not receive a credit or refund for pre-scheduled days that your child did not attend due to illness or other situational changes.
- You are still required to communicate your child's absence from the program to both the Park and your child's elementary school, so that we can account for all of the children we will be responsible for each day.
- Families who opt to change their schedules monthly MUST submit their new schedule the last Monday of the month, prior to the month of service you are scheduling for.
- Late submissions will result in a $25 late fee attachment to your invoice.

PAYMENT

- All Slippery Rock Area Parks & Recreation programs are prepaid programs.
- All payments are required before the service has occurred.
- Payments for the weekly invoice, for the upcoming week of service, will be due by 12:00 p.m. the Friday prior to the week of service.
- If we do not receive payment by Friday, your child will not be permitted to attend the program until payment is received.
- Credit card information is required to be entered into the Procare system for recurring payments.
- Payments are processed on Fridays, the week before service.
- If your credit card information changes for any reason, it is your responsibility to update your payment information in the Procare system.
- If you wish to pay by cash or check, the payment must be received no later than Thursday, the week before service, or your card will be automatically charged.
- Families who opt to pay by cash or check are still required to have an active card on file.
- There is a $25 late fee for payment received later than the due dates specified above.
- There are no refunds unless the program is cancelled by the Park. All payments are final.

OPTIONS FOR SUBMITTING SCHEDULES

- Email schedule to playsafe@srpark.org
- Drop off schedule and payment to the office during business hours: Monday-Friday 7:30-3:30.
- Leave your schedule/payment in the office drop off box after regular business hours.
- Mail schedules to 320 North Main Street, Slippery Rock, PA 16057.
    - Please ensure you do this in advance to ensure your schedules/payment arrive by the days on which they are due.
- Fax schedule to 724-794-8181.

★ PLEASE DO NOT ATTEMPT TO SEND MONEY OR SCHEDULES WITH YOUR CHILD TO SCHOOL OR HAND DELIVER TO PLAYSAFE STAFF

★ ALL PAYMENTS MUST BE MADE USING PROCARE.