



St. Emily School
 Extended Care Program
 1400 E. Central Road, Suite 102
 Mt. Prospect, IL 60056
 (847)296-3490, ext. 231

Students Name: _____ Grade: _____ Room: _____

A.M. 6:30 – 7:45 P.M. 2:45 - 6:00

MY CHILD(REN) WILL NOT
 ATTEND THIS WEEK

Weekly Statement Due and Payable By: ***Friday, October 18, 2019***

Week Of: October 21 to October 25, 2019

		Arrival	Pickup	Total hours
Monday October 21	A.M.			
	P.M.	2:45		
Tuesday October 22	A.M.			
	P.M.	2:45		
Wednesday October 23	A.M.			
	P.M.	2:45		
Thursday October 24	A.M.			
	P.M.	2:45		
Friday October 25	A.M.			
	P.M.	2:45		

Total hours this week

	# of hours	=	Total Payment
1 child = \$8.00/hour	_____	=	_____
2 children = \$11.00 /hour	_____	=	_____
3 children = \$13.00/hour	_____	=	_____

\$10.00 LATE FEE
AFTER FRIDAY
October 18, 2019

For Office Use Only:

Amount Enclosed _____ Check Number _____