



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 11, 2019***

Week Of:            October 14 to October 18, 2019

		Arrival	Pickup	Total hours
Monday October 14	A.M.	XXXX		<b>NO</b>
	P.M.	2:45	XXXX	<b>SCHOOL</b>
Tuesday October 15	A.M.			
	P.M.	2:45		
Wednesday October 16	A.M.			
	P.M.	2:45		
Thursday October 17	A.M.			
	P.M.	2:45		
Friday October 18	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 = \$14.00/hour	_____	=	_____

**\$10.00 LATE FEE**  
**AFTER FRIDAY**  
**October 11, 2019**

For Office Use Only:

Amount Enclosed \_\_\_\_\_ Check Number \_\_\_\_\_