



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, April 23, 2021*

Week Of: April 26 to April 30, 2021

		Arrival	Pickup	Total hours
Monday April 26	A.M.			
	P.M.	2:45		
Tuesday April 27	A.M.			
	P.M.	2:45		
Wednesday April 28	A.M.			
	P.M.	2:45		
Thursday April 29	A.M.			
	P.M.	2:45		
Friday April 30	A.M.	XXXX		NO
	P.M.	XXXX	XXXX	SCHOOL

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  
APRIL 23, 2021**

For Office Use Only:

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