



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 16, 2021*

Week Of: April 19 to April 23, 2021

| | | Arrival | Pickup | Total hours |
|-----------------------|------|-------------|--------|-------------|
| Monday April 19 | A.M. | | | |
| | P.M. | 2:45 | | |
| Tuesday April 20 | A.M. | | | |
| | P.M. | 2:45 | | |
| Wednesday April 21 | A.M. | | | |
| | P.M. | 2:45 | | |
| Thursday April 22 | A.M. | | | |
| | P.M. | 2:45 | | |
| Friday April 23 | 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
APRIL 16, 2021**

For Office Use Only:

Amount Enclosed _____ Check Number _____