



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

WELCOME
BACK!

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, August 13, 2021**

Week Of: August 16 to August 20, 2021

		Arrival	Pickup	Total hours
Monday August 16	A.M.	XXXX		XXXX
	P.M.	XXXX	XXXX	XXXX
Tuesday August 17	A.M.	XXXX		XXXX
	P.M.	XXXX	XXXX	XXXX
Wednesday August 18	A.M.	XXXX		XXXX
	P.M.	XXXX	XXXX	XXXX
Thursday August 19	A.M.			
	P.M.	2:45		
Friday August 20	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
August 13, 2021**

For Office Use Only:

Amount Enclosed _____ Check Number _____