



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 8, 2021***

Week Of: October 11 to October 15, 2020

		Arrival	Pickup	Total hours
Monday October 11	A.M.	XXXX		NO
	P.M.	2:45	XXXX	SCHOOL
Tuesday October 12	A.M.			
	P.M.	2:45		
Wednesday October 13	A.M.			
	P.M.	2:45		
Thursday October 14	A.M.			
	P.M.	2:45		
Friday October 15	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 8, 2021

For Office Use Only:

Amount Enclosed _____ Check Number _____