



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 15, 2021***

Week Of: October 18 to October 22, 2021

| | | Arrival | Pickup | Total hours |
|-------------------------|------|-------------|--------|-------------|
| Monday October 18 | A.M. | | | |
| | P.M. | 2:45 | | |
| Tuesday October 19 | A.M. | | | |
| | P.M. | 2:45 | | |
| Wednesday October 20 | A.M. | | | |
| | P.M. | 2:45 | | |
| Thursday October 21 | A.M. | | | |
| | P.M. | 2:45 | | |
| Friday October 22 | 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 15, 2021

For Office Use Only:

Amount Enclosed _____ Check Number _____