



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, November 19, 2021**

Week Of: November 29 to December 3, 2021

|                         |      | Arrival     | Pickup | Total hours |
|-------------------------|------|-------------|--------|-------------|
| Monday<br>November 29   | A.M. |             |        |             |
|                         | P.M. | <b>2:45</b> |        |             |
| Tuesday<br>November 30  | A.M. |             |        |             |
|                         | P.M. | <b>2:45</b> |        |             |
| Wednesday<br>December 1 | A.M. |             |        |             |
|                         | P.M. | <b>1:45</b> |        |             |
| Thursday<br>December 2  | A.M. |             |        |             |
|                         | P.M. | <b>2:45</b> |        |             |
| Friday<br>December 3    | A.M. |             |        |             |
|                         | P.M. | <b>2:45</b> |        |             |

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  
November 19, 2021**

For Office Use Only:

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