



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, December 17, 2021**

Week Of: January 3 to January 7, 2022

		Arrival	Pickup	Total hours
Monday January 3	A.M.	XXXX		NO
	P.M.	2:45	XXXX	SCHOOL
Tuesday January 4	A.M.			
	P.M.	2:45		
Wednesday January 5	A.M.			
	P.M.	1:45	XXXX	NO PM EC
Thursday January 6	A.M.			
	P.M.	2:45		
Friday January 7	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
 December 17, 2021**

For Office Use Only:

Amount Enclosed _____ Check Number _____ 3