



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: **Thursday, April 14, 2022**

Week Of: April 18 to April 22, 2022

		Arrival	Pickup	Total hours
Monday April 18	A.M.	XXXX		NO
	P.M.	2:45	XXXX	SCHOOL
Tuesday April 19	A.M.			
	P.M.	2:45		
Wednesday April 20	A.M.			
	P.M.	2:45		
Thursday April 21	A.M.			
	P.M.	2:45		
Friday April 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 THURSDAY
APRIL 14, 2022

For Office Use Only:

Amount Enclosed _____ Check Number _____