



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, April 29, 2022**

Week Of: May 2 to May 6, 2022

| | | Arrival | Pickup | Total hours |
|--------------------|------|---------|--------|-------------|
| Monday May 2 | A.M. | | | |
| | P.M. | 2:45 | | |
| Tuesday May 3 | A.M. | | | |
| | P.M. | 2:45 | | |
| Wednesday May 4 | A.M. | | | |
| | P.M. | 1:45 | | |
| Thursday May 5 | A.M. | | | |
| | P.M. | 2:45 | | |
| Friday May 6 | A.M. | | | |
| | P.M. | 2:45 | | |

Total hours this week

| | # of hours | = | Total Payment |
|---------------------------|------------|---|---------------|
| 1 child = \$6.00/hour | _____ | = | _____ |
| 2 children = \$9.00 /hour | _____ | = | _____ |
| 3 children = \$12.00/hour | _____ | = | _____ |

\$10.00 LATE FEE
AFTER FRIDAY
APRIL 29, 2022

For Office Use Only:

Amount Enclosed _____ Check Number _____