



June, 2022

Dear Parent or Guardian,

Welcome to the St. Emily Extended Care Program. Our program is designed for the parents who need care for their child before the school day starts as well as after the school day ends.

You will find the Registration Form attached as well as the Weekly Sheets for the first two weeks of school. Please be mindful of the due dates on these forms. **ALL REGISTRATION FORMS ARE DUE BY FRIDAY, AUGUST 12. A LATE FEE OF \$10 PER CHILD WILL BE REQUIRED AFTER THAT DATE.**

Forms for Week 3 and on will be available weekly on our Wednesday News, the school office and above the sign out table in Sullivan Hall. Forms are due by the end of the business day listed. **A \$10 fee will be expected after that date.** The due date is normally the Friday before the week of care. Please keep in mind if we are off on a Friday there will be a different due date listed. If you have a child in Pre-K please make sure to hand in the form on their last day at school for the week. **NO CREDIT IS GIVEN FOR DAYS NOT ATTENDED.**

We open at 6:30 am and close promptly at 6:00 pm. **Any pick up after 6pm will be charged a \$20 late fee.**

If you have an emergency and need to send you child on a day you did not schedule them for, simply call the school office.

Extended Care is located in Sullivan Hall, in the lower level of the school.

Any questions or concerns, please contact me at kwosz@stemily.org or 847-296-3490, ext, 231. We do have voicemail.

We are looking forward to a great school year with your child.

Sincerely,

Kathy Wosz
Director
St. Emily Extended Care Program

SES Extended Day Care

Family Name _____

Home Address _____ City _____

Zip Code _____ Home Phone _____

Father's Name _____ Father's Cell _____

Employer _____ Work # _____

Father's Email _____

Mother's Name _____ Mother's Cell _____

Employer _____ Work # _____

Mother's Email _____

Emergency Contact _____ Phone _____

Relationship _____

Child Name _____ Gender M F

Birthdate _____ Grade _____ Rm _____

Allergies _____ Medical Conditions _____

Child Name _____ Gender M F

Birthdate _____ Grade _____ Rm _____

Allergies _____ Medical Conditions _____

Child Name _____ Gender M F

Birthdate _____ Grade _____ Rm _____

Allergies _____ Medical Conditions _____

Registration: \$30.00 per child (non-refundable) \$10.00 Sports ONLY registration fee
Hourly Rates: \$9.00 /1 child \$13.00/2 children \$17.00/3+ children

DUE DATE FOR THIS FORM IS FRIDAY AUGUST 12TH. If THIS FORM IS RECEIVED AFTER 8/12 THE REGISTRATION FEE GOES TO \$40.00 PER STUDENT.

2
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2
2

2
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2
3

Rates may be paid by the quarter hour. NO CREDIT WILL BE GIVEN FOR DAYS ABSENT FROM EXTENDED CARE. Forms not returned by return date indicated on the form will be charged a \$10 late fee. Paperwork is kept for a period of 5 years.

WHOM SHOULD WE CALL IF YOUR CHILD IS NOT PICKED UP BY 6:00PM AND WE CANNOT REACH YOU BY PHONE? (\$20 LATE FEE EXPECTED PAST 6pm)

Name _____ Phone Number: _____

Parent/Guardian
Signature _____ Date _____

For the safety and protection of your child (ren) and yourself, we ask that you provide us with the following information:

Parent/Guardian with legal custody _____

Any legal documents regarding child custody or a restraining order should be on file in the school office.

Parents are: Married _____ Living Together _____ Divorced _____ Separated _____

Widowed _____ Single _____

Person(s) authorized to pick up my child(ren):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

NOTE: If your child (ren) will be picked up by someone else, we will ask to see a picture ID. Please inform your authorized pick up person to have it with them.

Sincerely,

Kathy Wosz
Director
St. Emily Extended Care Program

2022-23 Extended Care Hourly Rates

	<u>1 child-\$9/hr</u>	<u>2 children - \$13/hr</u>	<u>3 children - \$17/hr</u>
15 minutes (.25 hr)	\$2.25	\$3.25	\$4.25
30 minutes (.5 hr)	\$4.50	\$6.50	\$8.50
45 minutes (.75 hr)	\$6.75	\$9.75	\$12.75
60 minutes (1 hr)	\$9.00	\$13.00	\$17.00



St. Emily School
 Extended Care Program
 1400 E. Central Road, Suite 102
 Mt. Prospect, IL 60056
 (847)296-3490, ext. 231

**WELCOME
 BACK!**

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, August 12, 2022**

Week Of: August 15 to August 19, 2022

		Arrival	Pickup	Total hours
Monday August 15	A.M.	XXXX		XXXX
	P.M.	XXXX	XXXX	XXXX
Tuesday August 16	A.M.	XXXX		XXXX
	P.M.	XXXX	XXXX	XXXX
Wednesday August 17	A.M.	XXXX		XXXX
	P.M.	XXXX	XXXX	XXXX
Thursday August 18	A.M.			
	P.M.	2:45		
Friday August 19	A.M.			
	P.M.	2:45		

Total hours this week

of hours

Total Payment

1 child = \$9.00/hour _____ = _____
 2 children = \$13.00 /hour _____ = _____
 3 children = \$17.00/hour _____ = _____

**\$10.00 LATE FEE
 AFTER FRIDAY
August 12, 2022**

For Office Use Only:

Amount Enclosed

Check Number



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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, August 12, 2022**

Week Of: August 22 to August 26, 2022

		Arrival	Pickup	Total hours
Monday August 22	A.M.			
	P.M.	2:45		
Tuesday August 23	A.M.			
	P.M.	2:45		
Wednesday August 24	A.M.			
	P.M.	2:45		
Thursday August 25	A.M.			
	P.M.	2:45		
Friday August 26	A.M.			
	P.M.	2:45		

Total hours this week

of hours

Total Payment

1 child = \$9.00/hour _____ = _____
 2 children = \$13.00 /hour _____ = _____
 3 children = \$17.00/hour _____ = _____

**\$10.00 LATE FEE
 AFTER FRIDAY
August 12, 2022**

For Office Use Only:

Amount Enclosed

Check Number