



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 9, 2024

Week Of: August 19 to August 23, 2024

		Arrival	Pickup	Total hours
Monday August 19	A.M.	XXXX		XXXX
	P.M.	XXXX	XXXX	XXXX
Tuesday August 20	A.M.	XXXX		XXXX
	P.M.	XXXX	XXXX	XXXX
Wednesday August 21	A.M.	XXXX		XXXX
	P.M.	XXXX	XXXX	XXXX
Thursday August 22	A.M.			
	P.M.	2:45		
Friday August 23	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 _____ = _____

**\$20.00 LATE FEE
 AFTER FRIDAY
 August 9, 2024**

For Office Use Only:

Amount Enclosed _____ Check Number _____