



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, August 9, 2024

Week Of: August 26 to August 30, 2024

		Arrival	Pickup	Total hours
Monday August 26	A.M.			
	P.M.	2:45		
Tuesday August 27	A.M.			
	P.M.	2:45		
Wednesday August 28	A.M.			
	P.M.	2:45		
Thursday August 29	A.M.			
	P.M.	2:45		
Friday August 30	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 _____