



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, March 7, 2025**

Week Of: March 10 to March 14, 2025

		Arrival	Pickup	Total hours
Monday March 10	A.M.			
	P.M.	2:45		
Tuesday March 11	A.M.			
	P.M.	2:45		
Wednesday March 12	A.M.			
	P.M.	1:45		
Thursday March 13	A.M.			
	P.M.	2:45		
Friday March 14	A.M.			
	P.M.	2:45		

Total hours
this week

of hours Total Payment

1 child = \$9.00/hour _____ = _____

\$20.00 LATE FEE

2 children = \$13.00 /hour _____ = _____

AFTER FRIDAY

3 children = \$17.00/hour _____ = _____

March 7, 2025

For Office Use Only:

Amount Enclosed _____ Check Number _____