



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

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Weekly Statement Due and Payable By:

Thursday, April 17, 2025

Week Of: April 21 to April 25, 2025

		Arrival	Pickup	Total hours
Monday April 21	A.M.	NO	NO	NO
	P.M.	SCHOOL	SCHOOL	SCHOOL
Tuesday April 22	A.M.			
	P.M.	2:45		
Wednesday April 23	A.M.			
	P.M.	2:45		
Thursday April 25	A.M.			
	P.M.	2:45		
Friday April 25	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 THURSDAY
April 17, 2025

For Office Use Only:

Amount Enclosed _____ Check Number _____