

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

Grade:_____

Room:____

Students Name:_____

A.M. 6:30 – 7:45	ATTEND THIS WEEK						
Weekly Statement	Due and Payable By:	<mark>Frida</mark> y	y, <mark>Marc</mark>	ch 3, 20	<mark>23</mark>		
Week Of:	March 6 to March 10, 20	023					
			Arrival	Pickup	Total hours		
	Monday	A.M.					
	March 6	P.M.	2:45				
	Tuesday	A.M.					
	March 7	P.M.	2:45				
	Wednesday	A.M.					
	March 8	P.M.	2:45				
	Thursday	A.M.					
	March 9	P.M.	2:45				
	Friday	A.M.					
	March 10	P.M.	2:45				
				Total hours this week			
	# of hours	Tota	al Paymen	t			
1 child = \$9.00/hour = 2 children = \$13.00 /hour = 3 children = \$17.00/hour =					\$20.00 LA AFTER F <i>March 3</i> ,	RIDAY	
For Office Use On	ıly:						
Amount Enclosed	Check Nu	mber					