



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 21, 2025

Week Of: March 31 to April 4, 2025

		Arrival	Pickup	Total hours
Monday March 31	A.M.			
	P.M.	2:45		
Tuesday April 1	A.M.			
	P.M.	2:45		
Wednesday April 2	A.M.			
	P.M.	2:45		
Thursday April 3	A.M.			
	A.M.	11:30		
Friday April 4	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
March 21, 2025

For Office Use Only:

Amount Enclosed _____ Check Number _____