



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, January 27, 2023

Week Of: January 30 to February 3, 2023

| | | Arrival | Pickup | Total hours |
|-------------------------------|------|-------------|--------|-------------|
| Monday January 30 | A.M. | | | |
| | P.M. | 2:45 | | |
| Tuesday January 31 | A.M. | | | |
| | P.M. | 2:45 | | |
| Wednesday ***February 1*** | A.M. | | | |
| | P.M. | 1:45 | | |
| Thursday February 2 | A.M. | | | |
| | P.M. | 2:45 | | |
| Friday February 3 | A.M. | | | |
| | P.M. | 2:44 | | |

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
January 27, 2023**

For Office Use Only:

Amount Enclosed _____ Check Number _____