



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, April 4, 2025**

Week Of: April 7 to April 11, 2025

		Arrival	Pickup	Total hours
Monday April 7	A.M.			
	P.M.	<b>2:45</b>		
Tuesday April 8	A.M.			
	P.M.	<b>2:45</b>		
Wednesday April 9	A.M.			
	P.M.	<b>1:45</b>		
Thursday April 10	A.M.			
	P.M.	<b>2:45</b>		
Friday April 11	A.M.			
	P.M.	<b>2:45</b>		

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    \_\_\_\_\_ = \_\_\_\_\_

**April 4, 2025**

For Office Use Only:

Amount Enclosed \_\_\_\_\_ Check Number \_\_\_\_\_