



90-11 35th Ave Jackson Heights NY 11372
(718) 779-1700 www.iklass.org

MAY 2021 CALENDAR

2:30-6:30PM \$20/Day

***8:30-2:30PM \$35/Day till 5/10**

*** 8:30-6:30PM \$45/Day till 5/10**

***** Minimum days to register are 10**

****NO REFUND/CREDIT FOR days MISSED or SICK DAYS**

STUDENT FULL NAME: _____

PARENT'S FULL NAME SIGNATURE _____ Total tuition: \$ _____

| | | | | | |
|---------------|-------------|--------------|----------------|---------------|-------------|
| WEEK 2 | Monday 5/3 | Tuesday 5/4 | Wednesday 5/5 | Thursday 5/6 | Friday 5/7 |
| 8:30-2:30PM | | | | | |
| 2:30-6:30PM | | | | | |
| 8:30- 6:30PM | | | | | |
| WEEK 3 | Monday 5/10 | Tuesday 5/11 | Wednesday 5/12 | Thursday 5/13 | Friday 5/14 |
| 2:30-6:30PM | | | | | |
| WEEK 4 | Monday 5/17 | Tuesday 5/18 | Wednesday 5/19 | Thursday 5/20 | Friday 5/21 |
| 2:30-6:30PM | | | | | |
| WEEK 5 | Monday 5/24 | Tuesday 5/25 | Wednesday 5/26 | Thursday 5/27 | Friday 5/28 |
| 2:30-6:30PM | | | | | |

I, _____ agree with the payment above for my child to attend afterschool homework club. I understand if my child misses or skips a day I will not be refunded or credited for that day.

Signature: _____ DATE _____