

**SEPTEMBER 2021 CALENDAR**

**Prices: $20/DAY**

**STUDENT FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE LEVEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT’s FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEl #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PICK UP: PS 280Q PS 149 NO PICK UP**

**AUTHORIZED ADULTS for PICK UP:**

**1.(FULL NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEl#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. (FULL NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sibling (10%Off) and other discounts only for FULL Monthly registration[ALL DAYS of the MONTH] (Cannot be combined with other offers)**

**\*\*NO REFUND/CREDIT FOR days MISSED or SICK DAYS, NO RESCHEDULING. NO refund for students who are dismissed from the program due to misbehavior that creates an unsafe environment for students and staff.**

**\*\*SUPPLY Fee $20 will be charged at the day of Registration.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree with the payment above for my child to attend After School Program at IKLASS TUTORING CENTER. I understand if my child misses or skips a day I will not be refunded or credited for that day.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEPTEMBER 2021 PLEASE CHECK ALL DAYS THAT YOU CHILD WILL BE ATTENDING. MINIMUM REQUIREMENT IS 10 DAYS/MONTH**

**Total Tuition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAYMENT MADE on :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Due:\_\_\_\_\_\_\_\_\_\_\_\_**

| **WEEK 1** | **Monday 9/13** | **Tuesday 9/14** | **Wednesday 9/15** | **Thursday 9/16** | **Friday 9/17** |
| --- | --- | --- | --- | --- | --- |
| **2:30-6:30PM** |  |  |  | **CLOSED**  **NO CLASSES** |  |
| **WEEK 2** | **Monday 9/20** | **Tuesday 9/21** | **Wednesday 9/22** | **Thursday 9/23** | **Friday 9/24** |
| **2:30-6:30PM** |  |  |  |  |  |
| **WEEK 3** | **Monday 9/27** | **Tuesday 9/28** | **Wednesday 9/29** | **Thursday 9/30** | **Friday 10/1** |
| **2:30-6:30 PM** |  |  |  |  |  |

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree with the payment above for my child to attend After School Program. I understand that if for any reason my child will miss or skip a day I will not be refunded or credited for that day.**

**No Refund /Credit for missed or sick days.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-**