

SEPTEMBER CALENDAR

Prices: 8:30-2:00PM \$35/Day
2:00-6:00PM \$20/Day
8:30-6:00PM \$45/Day



STUDENT FULL NAME: _____

*** Minimum days to register are 10

Total September tuition: \$ _____

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

WEEK 1	Monday 10/5	Tuesday 10/6	Wednesday 10/7	Thursday 9/10	Friday 9/11
8:30-2:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00-6:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:30- 6:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2	Monday 9/14	Tuesday 9/15	Wednesday 9/16	Thursday 9/17	Friday 9/18
8:30-2:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00-6:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:30- 6:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3	Monday 9/21	Tuesday 9/22	Wednesday 9/23	Thursday 9/24	Friday 9/25
8:30-2:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00-6:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:30- 6:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4	Monday 9/28	Tuesday 9/29	Wednesday 9/30	Thursday 10/1	Friday 10/2
8:30-2:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00-6:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:30- 6:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5					

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 _____