

# September 2016 CALENDAR

CHILD'S NAME: \_\_\_\_\_

GRADE/SCHOOL \_\_\_\_\_

\*Mark the times your child will be attending with an X

MON	TUES	WED	THURS	FRI	Weekly total office use only
5 <b>NEDC CLOSED LABOR DAY</b>	6 Before School _____ After School _____  Amount _____	7 Before School _____ After School _____  Amount _____	8 Before School _____ After School _____  Amount _____	9 Before School _____ After School _____  Amount _____ <b>OCT Calendars Due</b>	_____
12 Before School _____ After School _____  Amount _____	13 Before School _____ After School _____  Amount _____	14 Before School _____ After School _____  Amount _____	15 Before School _____ After School _____  Amount _____ <b>Sept Payments Due</b>	16 Before School _____ After School _____  Amount _____	_____
19 Before School _____ After School _____  Amount _____	20 Before School _____ After School _____  Amount _____	21 Before School _____ After School _____  Amount _____	22 Before School _____ After School _____  Amount _____	23 Before School _____ After School _____  Amount _____	_____
26 Before School _____ After School _____  Amount _____	27 Before School _____ After School _____  Amount _____	28 Before School _____ After School _____  Amount _____	29 Before School _____ After School _____  Amount _____	30 Before School _____ After School _____  Amount _____	_____

\*Please leave billing spaces blank to allow NEDC to bill accordingly

**This Month's Total** \_\_\_\_\_

**BALANCE FORWARD FROM PREVIOUS MONTH:** \_\_\_\_\_

<u>TUITION FEES /CHARGES</u>		<u>OFFICE USE ONLY!!!</u>		<u>CREDITS</u>			
DATE	Reason for:	Amt		DATE	Reason for:	CK#/cash	Amt

**PAYMENTS DUE 9/15/2016 TOTAL BALANCE DUE:** \_\_\_\_\_