

December 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
			1 Before School _____ After School _____ Amount _____	2 Before School _____ After School _____ Amount _____	_____
5 Before School _____ After School _____ Amount _____	6 Before School _____ After School _____ Amount _____	7 Before School _____ After School _____ Amount _____	8 Before School _____ After School _____ Amount _____	9 Before School _____ After School _____ Amount _____ Jan Calendar Due	_____
12 Before School _____ After School _____ Amount _____	13 Before School _____ After School _____ Amount _____	14 Before School _____ After School _____ Amount _____	15 Before School _____ After School _____ Amount _____ Dec Payment Due	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 NEDC CLOSED!	_____
26 NEDC CLOSED!	27 NEDC CLOSED!	28 NEDC CLOSED!	29 NEDC CLOSED!	30 NEDC CLOSED!	_____

*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:	Total Amt		DATE	Reason for:	CK#/cash	Amt

PAYMENTS DUE 12/15/2106 TOTAL BALANCE DUE: _____