

January 2017 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
2 NEDC CLOSED	3 Before School _____ After School _____ Amount _____	4 Before School _____ After School _____ Amount _____	5 Before School _____ After School _____ Amount _____	6 Before School _____ After School _____ Amount _____	_____
9 Before School _____ After School _____ Amount _____	10 Before School _____ After School _____ Amount _____ <small>Feb Calendar Due</small>	11 Before School _____ After School _____ Amount _____	12 Before School _____ After School _____ Amount _____	13 Before School _____ After School _____ Amount _____ Jan Payment Due	_____
16 Before School _____ After School _____ Amount _____	17 Before School _____ After School _____ Amount _____	18 Before School _____ After School _____ Amount _____	19 Before School _____ After School _____ Amount _____	20 Before School _____ After School _____ Amount _____	_____
23 Before School _____ After School _____ Amount _____	24 Before School _____ After School _____ Amount _____	1/2 day 25 Before School _____ After School _____ Amount _____	1/2 day 26 Before School _____ After School _____ Amount _____	1/2 day 27 Before School _____ After School _____ Amount _____	_____
30 Before School _____ After School _____ Amount _____	31 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:	Total Amt	DATE	Reason for:	CK#/cash	Amt

PAYMENTS DUE 1/13/2017 TOTAL BALANCE DUE: _____