

OCTOBER 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
3 Before School _____ After School _____ Amount _____	4 Before School _____ After School _____ Amount _____	5 Before School _____ After School _____ Amount _____	6 Before School _____ After School _____ Amount _____	7 Before School _____ After School _____ Amount _____	_____
10 Before School _____ After School _____ Amount _____ NOV Calendar Due	11 Before School _____ After School _____ Amount _____	12 Before School _____ After School _____ Amount _____	13 Before School _____ After School _____ Amount _____	14 ^{1/2} day Before School _____ After School _____ Amount _____ Oct Payment Due	_____
17 Before School _____ After School _____ Amount _____	18 Before School _____ After School _____ Amount _____	19 Before School _____ After School _____ Amount _____	20 Before School _____ After School _____ Amount _____	21 NO School _____ Pizza \$3 _____ Amount _____	_____
24 Before School _____ After School _____ Amount _____	25 Before School _____ After School _____ Amount _____	26 Before School _____ After School _____ Amount _____	27 Before School _____ After School _____ Amount _____	28 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 10/14/2016 TOTAL BALANCE DUE: _____