

FEBUARY 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
		1 Before School _____ After School _____ Amount _____	2 Before School _____ After School _____ Amount _____	3 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 _____	10 Before School _____ After School _____ Amount _____ March calendar due	_____
13 Before School _____ After School _____ Amount _____	14 Before School _____ After School _____ Amount _____	15 Before School _____ After School _____ Amount _____ Feb Payments Due	16 Before School _____ After School _____ Amount _____	17 1/2 day 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 _____	24 Before School _____ After School _____ Amount _____	_____
27 Before School _____ After School _____ Amount _____	28 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 2/15/2017 TOTAL BALANCE DUE: _____