

JUNE 2017 CALENDAR

School Year 2016-2017

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 _____	½ DAY 7 Before School _____ After School _____ Amount _____	½ DAY 8 Before School _____ After School _____ Amount _____	9 Before School _____ After School _____ Amount _____ Payments due in full	

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

This Month's Total _____

BALANCE FORWARD FROM LAST 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 IN FULL 6/9/2017 TOTAL BALANCE DUE: _____

2016/2017 school year tuition is due IN FULL 6/9/17