

MAY 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 _____	4 Before School _____ After School _____ Amount _____	5 Before School _____ After School _____ Amount _____	_____
8 Before School _____ After School _____ Amount _____	9 Before School _____ After School _____ Amount _____	10 Before School _____ After School _____ Amount _____ <small>June calendar due</small>	11 Before School _____ After School _____ Amount _____	12 Before School _____ After School _____ Amount _____	_____
15 Before School _____ After School _____ Amount _____ May payments 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 _____	_____
22 Before School _____ After School _____ Amount _____	23 Before School _____ After School _____ Amount _____	24 Before School _____ After School _____ Amount _____	25 Before School _____ After School _____ Amount _____	½ Day 26 Before School _____ After School _____ Amount _____	_____
29 NEDC CLOSED MEMORIAL DAY	30 Before School _____ After School _____ Amount _____	31 Before School _____ After School _____ Amount _____			_____

***Please leave billing spaces blank to allow NEDC to bill accordingly**
Current 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 5/15/2017 TOTAL BALANCE DUE: _____