

INVOICE

[Preschool/Center Name]
[Address Line 1]
[Phone Number]

Invoice #: [000]
Date: [MM/DD/YYYY]

Billed To:
[Parent/Guardian Name]
[Address Line 1]

Student Details:
Name: [Student Full Name]
Class: [Room/Grade]

Description of Services	Period	Rate	Total
Tuition Fees	[Dates]	\$0.00	\$0.00
Registration/Supply Fee	-	\$0.00	\$0.00
Extracurricular Activities	-	\$0.00	\$0.00

Subtotal: \$0.00

Discounts/Credits: (\$0.00)

Total Amount Due: \$0.00

Payment Terms: Due upon receipt. Late fees apply after [Number] days.

Payment Methods: [Cash, Check, Credit Card, Bank Transfer]

Thank you for choosing [Center Name] for your child's education!