

[After School Program Name]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____

BILL TO:

[Parent/Guardian Name]
[Address]
[Email/Phone]

STUDENT DETAILS:

Name: [Student Name]
Grade/Class: [Grade]
Billing Period: [Dates]

Description	Rate/Weekly	Qty/Weeks	Amount
After School Care Enrollment	\$		\$
Late Pickup Fees (if applicable)	\$		\$
Activity/Materials Fee	\$		\$

Subtotal: \$ _____
Adjustments/Discounts: \$ _____

Total Due: \$ _____

Payment Terms: Due upon receipt. Please make checks payable to [Program Name].

Notes: Late payments may incur a fee of [Amount]. Thank you for choosing our program!