

Child Development Center

123 Education Lane
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Parent/Guardian Name: _____
Address: _____
Email: _____

STUDENT DETAILS:

Child's Name: _____
Class/Room: _____
Billing Period: _____

Description of Services	Rate	Qty/Units	Amount
Weekly/Monthly Tuition Fees	\$		\$
Registration/Enrollment Fee	\$		\$
Activity/Material Fees	\$		\$

Description of Services	Rate	Qty/Units	Amount
Late Pickup Charges	\$		\$
Other: _____	\$		\$
			Subtotal: \$ _____
			Discount/Subsidy: (\$ _____)
			Total Amount Due: \$ _____

Due Date: _____

Payment Notes: Please make checks payable to "Child Development Center". Include the student's name in the memo line.

Thank you for choosing our center for your child's growth!