

EARLY LEARNING CENTER

[Center Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]

BILL TO:

[Parent/Guardian Name]
[Address Line 1]
[City, State, Zip]

STUDENT DETAILS:

[Student Name]
Class: [Room Name/Grade]
Billing Period: [Date] - [Date]

Service Description	Quantity/Weeks	Rate	Amount
Tuition - Full Time Care	[0]	\$0.00	\$0.00
Enrollment/Registration Fee	[0]	\$0.00	\$0.00
Activity/Materials Fee	[0]	\$0.00	\$0.00
Late Pickup Fee	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Discounts/Subsidy: -\$0.00
Total Due: \$0.00

NOTES & PAYMENT INSTRUCTIONS:

Please make checks payable to **[Center Name]**. Payments are due by the [Day] of each month. Late payments may incur a fee of [Amount]. Thank you for choosing our center for your child's early education.