

[Kindergarten Name]  
[Street Address]  
[City, State, Zip]  
[Phone / Email]

# INVOICE

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_

**BILL TO:**

Parent/Guardian: \_\_\_\_\_

Student Name: \_\_\_\_\_

Class/Grade: \_\_\_\_\_

**PAYMENT PERIOD:**

Monthly: \_\_\_\_\_

Semester: \_\_\_\_\_

Full Year: \_\_\_\_\_

Description	Quantity	Unit Price	Total
Tuition Fees		\$	\$
Registration/Enrollment Fee		\$	\$
Materials & Supplies		\$	\$
Extracurricular/Lunch Fees		\$	\$

Subtotal: \$ \_\_\_\_\_

Discounts: (\$ \_\_\_\_\_)

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

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**Payment Instructions:**

Please make checks payable to **[Kindergarten Name]**.

Due Date: \_\_\_\_\_

*Thank you for choosing our school for your child's education!*