

[Facility Name]

State License #: [Number]

[Address Line 1]

[Address Line 2]

[Phone Number]

INVOICE

Invoice #: [00000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Bill To:

[Parent/Guardian Name]

[Address Line 1]

[Address Line 2]

Child Information:

Name: [Child's Full Name]

Program: [e.g., Preschool / Toddler Room]

Service Description / Billing Period	Rate	Amount
Tuition - [Period Date Range]	\$0.00	\$0.00
Late Pickup Fees	\$0.00	\$0.00
Materials/Activity Fee	\$0.00	\$0.00

Subtotal: \$0.00

Subsidy/Discount: (\$0.00)

Total Due: \$0.00

Payment Notes: Please make checks payable to [Facility Name]. Late payments may incur a fee of [Amount/Percentage].

Thank you for choosing [Facility Name] for your childcare needs.