

# PRE-KINDERGARTEN ACADEMY

School Address Line 1

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City, State, Zip

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Phone / Email

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## TUITION INVOICE

INVOICE #  
DATE

### BILL TO (PARENT/GUARDIAN)

Name:

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Address:

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Contact:

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### STUDENT INFORMATION

Student Name:

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Class/Grade: Pre-K

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Billing Period:

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Description	Qty/Hrs	Rate	Amount
Monthly Tuition Fees			
Meal Plan / Snacks			
Materials & Supply Fee			

<b>Description</b>	<b>Qty/Hrs</b>	<b>Rate</b>	<b>Amount</b>
Extracurricular Activities			

**Subtotal:**  
**Discounts/Financial Aid:**  
**Total Due:**

**PAYMENT INSTRUCTIONS**

Please make all checks payable to the school name. Late payments may incur a fee as per the enrollment agreement. Thank you for choosing our Pre-K program.