

[Preschool Name]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____

Date: _____

BILL TO:

Parent/Guardian Name: _____

Student Name: _____

Enrollment Term: _____

Description	Quantity	Unit Price	Total
Registration & Enrollment Fee		\$	\$
Monthly Tuition - [Program Name]		\$	\$
Materials & Supply Fee		\$	\$
Facility/Insurance Fee		\$	\$

Description	Quantity	Unit Price	Total
Other: _____		\$	\$

Subtotal: \$ _____
Discount/Scholarship: (\$ _____ **)**
TOTAL DUE: \$ _____

Payment Due Date: _____

Notes: Please make checks payable to **[Preschool Name]**. A late fee of \$ _____ will apply after the due date.