

Montessori Academy

123 Education Lane
Learning City, ST 12345
Phone: (555) 012-3456

INVOICE

Date: _____
Invoice #: _____

PARENT / GUARDIAN

Name: _____
Address: _____

STUDENT DETAILS

Student Name: _____
Program: _____
Classroom: _____

Description	Billing Period	Amount
Monthly Tuition Fee	_____	\$ _____
Extended Care (Morning/Afternoon)	_____	\$ _____
Materials / Activity Fee	_____	\$ _____

Description	Billing Period	Amount
Other: _____	_____	\$ _____

Subtotal: \$ _____
 Discounts/Credits: (\$ _____)
 TOTAL DUE: \$ _____

NOTES / PAYMENT INSTRUCTIONS

Please make checks payable to **Montessori Academy**.
 Tuition is due by the 5th of each month. A late fee of \$25.00 applies after the 10th.

"Help me to do it by myself." - Maria Montessori