

[School Name]

[Address Line 1]

[Address Line 2]

[Phone Number] | [Email]

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

STUDENT INFO:

Student Name: _____

Program: _____

Billing Period: _____

| Description | Quantity/Period | Rate | Amount |
|------------------------------|-----------------|------|--------|
| Monthly Tuition Fee | [Month, Year] | \$ | \$ |
| Extended Care / After School | [Hours] | \$ | \$ |
| Materials / Activity Fee | 1 | \$ | \$ |

| Description | Quantity/Period | Rate | Amount |
|--------------------------|-----------------|------|--------|
| Late Pick-up Fee / Other | | \$ | \$ |

Subtotal: \$ _____
Discount/Sibling Credit: - \$ _____

TOTAL DUE: \$ _____

PAYMENT INSTRUCTIONS

Please make all checks payable to: **[School Name]**
Electronic Transfer: [Account Details/Payment Link]
Note: A late fee of \$ [Amount] will be applied after the [Day] of the month.

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

Thank you for being part of our community!