

MONTESSORI KINDERGARTEN

[School Address Line 1]
[City, State, Zip Code]
[Phone Number] | [Email]

INVOICE

Invoice #: _____
Date: _____
Billing Period: _____

BILL TO:

[Parent/Guardian Name]
[Student Name]
[Classroom/Level]

PAYMENT DUE BY:

[Due Date]

Description	Quantity/Days	Rate	Amount
Monthly Tuition Fee			
Extended Care (Before/After School)			
Materials & Activity Fee			
Meal Program			

Description	Quantity/Days	Rate	Amount
Miscellaneous / Late Fees			
			Subtotal: \$ _____
			Discount/Scholarship: (\$ _____)
			Total Due: \$ _____

Payment Instructions:

Please make checks payable to [School Name]. For bank transfers, use Ref: [Student Name].

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