

Montessori Learning Center

123 Education Lane
City, State, Zip
Phone: (555) 012-3456

MONTHLY INVOICE

BILL TO:

Parent/Guardian Name
Street Address
City, State, Zip

Invoice #: _____

Date: _____

Student Name: _____

Billing Period: _____

Description of Services	Rate	Total
Monthly Tuition - Full Day Program	\$0.00	\$0.00
Extended Care / After School	\$0.00	\$0.00
Materials & Activity Fee	\$0.00	\$0.00

Description of Services	Rate	Total
Other: _____	\$0.00	\$0.00
		Subtotal: \$0.00
		Discounts/Credits: (\$0.00)
		Total Amount Due: \$0.00

Notes / Payment Instructions:

Please make checks payable to Montessori Learning Center. Payments are due by the 5th of each month. Late fees apply after the 10th.

"Follow the child." - Maria Montessori