

[SCHOOL NAME]

[Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [0000]

BILL TO

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

PAYMENT INFO

Billing Period: [Month, Year]
Due Date: [Date]

Description	Amount
Monthly Tuition - [Program Name]	\$0.00
Extended Care / After School	\$0.00
Materials & Supply Fee	\$0.00

Description	Amount
Late Pick-up Fees / Miscellaneous	\$0.00

Subtotal: \$0.00
Discounts/Credits: -\$0.00
Total Due: \$0.00

Please make checks payable to **[School Name]**.

A late fee of [Amount] will be applied to payments received after the [Day] of the month.

"Free the child's potential, and you will transform him into the world." - Maria Montessori