

[School Name]

Montessori Primary Program
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [0000]

BILL TO:

[Parent/Guardian Name]
[Student Full Name]
[Address Line 1]
[Address Line 2]

BILLING PERIOD:

[Month, Year]

Description	Quantity/Cycle	Rate	Amount
Primary Program Tuition (Full-Day/Half-Day)	1 Month	\$0.00	\$0.00
Extended Care (Morning/Afternoon)	[Hours]	\$0.00	\$0.00
Materials & Activities Fee	Flat Fee	\$0.00	\$0.00

Description	Quantity/Cycle	Rate	Amount
Late Pick-up / Other Fees	-	\$0.00	\$0.00
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Subtotal: \$0.00			
Financial Aid / Discount: -\$0.00			
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TOTAL DUE: \$0.00			

Payment Terms: Due by the 1st of the month. A late fee of [Amount] applies after the [Date]th.

"The goal of early childhood education should be to activate the child's own natural desire to learn." - Maria Montessori