

[School Name]

Montessori Toddler Program
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____
Billing Period: _____

BILL TO:

[Parent/Guardian Name]
[Address]
[City, State, Zip]

STUDENT INFO:

Name: [Student Full Name]
Classroom: [Toddler Room Name]
Program: [Full Day / Half Day]

Description	Quantity / Days	Rate	Amount
Monthly Tuition - Toddler Program			
Extended Care / Aftercare			
Materials / Activity Fee			

Description	Quantity / Days	Rate	Amount
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Other: _____

Subtotal: \$ _____
Discounts (Sibling/Prepay): - \$ _____
TOTAL DUE: \$ _____

Payment Instructions:

Please make checks payable to **[School Name]** or pay online via [Portal Name].
Payment is due by the 5th of the month. A late fee of [Amount] applies after the 10th.

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

Thank you for being part of our community!