

# [SCHOOL NAME]

Montessori Education for Life

[Address Line 1]

[City, State, Zip]

[Phone Number]

## INVOICE

**Date:** [Date]

**Invoice #:** [0000]

**Period:** [Month, Year]

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### BILL TO:

**[Parent/Guardian Name]**

[Student Name]

[Address Line 1]

[City, State, Zip]

### PROGRAM INFO:

**Level:** [Nido / Toddler / Primary]

**Schedule:** [Full Day / Half Day]

**Classroom:** [Room Name]

Description	Amount
Monthly Tuition Fee	\$0.00
Materials & Supply Fee	\$0.00

Description	Amount
Extended Care / After School	\$0.00
Other: [Description]	\$0.00
<hr/> <b>Subtotal: \$0.00</b> <b>Late Fees / Adjustments: \$0.00</b> <b>Amount Due: \$0.00</b>	

Please make checks payable to **[School Name]**.  
Payments are due by the 5th of each month. A late fee may apply after the grace period.  
*"Help me to do it by myself." - Maria Montessori*