EXTENDED DAY PROGRAM

[School Name]
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____
Billing Period: _____

BILL TO:

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

STUDENT INFORMATION:

Student Name: _____
Grade/ID: _____

Service Description / Dates	Quantity/Days	Rate	Total
Morning Care (AM)			
Afternoon Care (PM)			
Late Pickup Fees			
Registration/Supply Fee			

Subtotal: $_____
Discounts/Credits: ($_____)
TOTAL DUE: $_____

Notes / Payment Instructions:

Please make checks payable to: _____
Due Date: _____

Thank you for choosing our Extended Day Program. For billing inquiries, please contact [Department/Email].