INVOICE

[Provider/School Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

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

STUDENT DETAILS

Student Name: [Child Name]
Grade Level: [Grade]
Service Period: [Month/Week]

Service Description	Quantity/Days	Rate	Amount
Before School Care	[0]	$0.00	$0.00
After School Care	[0]	$0.00	$0.00
Late Pickup Fees	[0]	$0.00	$0.00
Registration/Material Fee	1	$0.00	$0.00

Subtotal: $0.00

Discount/Credit: ($0.00)

Total Balance Due: $0.00

PAYMENT INSTRUCTIONS & NOTES

Please make checks payable to **[Provider Name]**. For bank transfers, use Reference: **[Invoice #]**.
Late payments may incur a fee of [Amount] per week.