INVOICE

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

Invoice #: [000]
Date: [MM/DD/YYYY]
Service Period: [Week Of]

Bill To:

[Parent/Guardian Name]
[Student Name]
[Address]

Description	Days/Hours	Rate	Amount
After School Care - Monday	[ ]	$0.00	$0.00
After School Care - Tuesday	[ ]	$0.00	$0.00
After School Care - Wednesday	[ ]	$0.00	$0.00
After School Care - Thursday	[ ]	$0.00	$0.00
After School Care - Friday	[ ]	$0.00	$0.00
Additional Materials/Activity Fees	-	-	$0.00

Subtotal: $0.00

Discount/Credit: ($0.00)

Total Balance Due: $0.00

Payment Instructions: Please make checks payable to [Program Name] or pay via [Online Method]. Due by [Date].

Thank you for choosing our program for your child's enrichment.