INVOICE

[Organization Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

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

Student Information:

[Student Name]
Grade: [Grade/Class]

Subscription Description	Billing Period	Rate	Amount
After School Care Monthly Subscription	[Month, Year]	$0.00	$0.00
Late Pickup Fees (if applicable)	-	$0.00	$0.00
Additional Materials/Snack Fee	-	$0.00	$0.00

Subtotal: $0.00

Discount: ($0.00)

Total Amount Due: $0.00

Please make checks payable to: **[Organization Name]**

Thank you for choosing our after school care services!