INVOICE

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

INVOICE #

____

DATE

____

BILL TO:

[Parent/Guardian Name]
[Address Line 1]
[City, State, Zip]

STUDENT DETAILS:

Name: __________
Class/Room: __________

Description of Services	Period	Amount
Tuition / Childcare Fees	__/__ to __/__	$ 0.00
Registration / Activity Fee	Annual	$ 0.00
Late Pickup / Miscellaneous	-	$ 0.00

Subtotal: $ 0.00

Discounts/Credits: ($ 0.00)

Total Balance Due: $ 0.00

NOTES: Please make checks payable to **[Center Name]**. A late fee of $__________ will be applied if not paid by __________.

Thank you for choosing our Child Development Center!