INVOICE

Provider Name
Street Address
City, State, Zip
Phone / Email

Invoice #: _____
Date: _____
Billing Period: _____

Bill To: Parent/Guardian Name
Street Address
City, State, Zip
Child Details: Child's Name: _____
Class/Group: _____

Description	Quantity/Weeks	Rate	Amount
Monthly Tuition Fees			$
Registration/Materials Fee			$
Extended Care / Late Fees			$
Discounts (Sibling/Other)			-$

Subtotal: $_____
Total Due: $_____

Payment Terms: Please pay by the 1st of the month. Late fees apply after the 5th.
Notes: _____