INVOICE

RECURRING BILLING

[Daycare Center Name]
[Street Address]
[City, State, Zip]
[Phone Number]

BILL TO

[Parent/Guardian Name]
[Child's Name]
[Street Address]
[City, State, Zip]

INVOICE DETAILS

Invoice #: [0000]
Date: [Month DD, YYYY]
Billing Cycle: [Weekly/Monthly]
Due Date: [Month DD, YYYY]

Description	Service Period	Amount
Tuition / Childcare Services	[Start Date] to [End Date]	$0.00
Additional Fees (Meals/Materials)	-	$0.00
Discounts (Sibling/Special)	-	-$0.00

Subtotal: $0.00

Total Amount Due: $0.00

Payment Notes

Payments are automatically processed on the [Day] of every [Period]. Please ensure funds are available to avoid late fees. Tax ID: [XX-XXXXXXX]