EARLY LEARNING CENTER

123 Education Lane
City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

BILL TO:
Parent/Guardian Name:
_____
Address: _____
_____

STUDENT INFO:
Student Name: _____
Class/Room: _____
Billing Period: _____

Description of Services	Rate	Qty/Weeks	Total
Tuition Fees			
Enrollment/Registration Fee			
Materials & Supplies			
Late Pickup/Other Fees			

Subtotal: $_____
Discount/Subsidy: ($_____)
Total Due: $_____

Notes:
Please make checks payable to Early Learning Center. Payments are due by the 1st of every month.
Thank you for being part of our learning community!