DAYCARE INVOICE

[Daycare Name]
[License Number]

Invoice #: _____
Date: _____

Provider Information

[Provider Name]
[Address]
[Phone / Email]

Parent/Guardian Information

[Name]
[Address]
Child's Name: _____

Service Description (Dates/Week)	Rate	Hours/Days	Total

Subtotal: $_____

Late Fees / Other: $_____

Total Due: $_____

Payment Due Date: _____

Notes: Thank you for choosing our home daycare!

Please keep this invoice for your annual tax records (Dependent Care Credit).