CARE INVOICE

Provider Name: _____
License #: _____
Address: _____

Invoice #: _____
Date: _____
Billing Period: _____

PARENT / GUARDIAN INFORMATION

Name:

Address:

Phone:

INFANT INFORMATION

Child Name:

Date of Birth:

Class/Room:

Description of Services	Dates/Weeks	Rate	Amount
Monthly Tuition / Base Care Fee			
Extended Hours / Late Pickup			

Description of Services	Dates/Weeks	Rate	Amount
Supplies (Diapers, Wipes, Formula)			
Registration / Activity Fees			

Subtotal: $ _____
Discounts (Sibling/Prepay): - $ _____
Total Due: $ _____

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to _____. Payments are due by the _____ of the month. A late fee of $_____ applies after the due date.

Thank you for trusting us with your child's care!