[Preschool Name]

[Address Line 1]
[City, State, Zip]
[Phone/Email]

INVOICE

[Invoice-Number]
Date: [Current Date]
RECURRING BILLING

BILL TO:

[Parent/Guardian Name]
Child: [Student Full Name]
Class: [Room/Grade Level]

BILLING PERIOD:

[Start Date] to [End Date]
DUE DATE: **[Due Date]**

Description	Amount
Monthly Tuition Fee - [Program Name]	$0.00
Extended Care / After School	$0.00
Material & Activity Fee	$0.00

Description	Amount
Late Pickup / Other Credits	$0.00

Subtotal: $0.00
Discounts: ($0.00)
Total Due: $0.00

Payment Terms: Recurring payments are processed on the [Day] of every month. Please ensure funds are available to avoid late fees.

Note: [Insert custom school policy or tax ID information here]