[Preschool Name]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [000]
Date: [MM/DD/YYYY]

BILL TO:

[Parent/Guardian Name]
[Student Name]
[Address Line 1]
[City, State, Zip]

PAYMENT PERIOD:

[Month/Term Year]
Due Date: [MM/DD/YYYY]

Description	Quantity/Period	Rate	Amount
Monthly Tuition - [Program Name]	1	$0.00	$0.00
After-Care Services	[Hours/Days]	$0.00	$0.00
Materials & Supplies Fee	1	$0.00	$0.00

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

NOTES & PAYMENT INSTRUCTIONS:

Please make checks payable to **[Preschool Name]**. Include student name in the memo. Late fees may apply after the due date.

Thank you for choosing [Preschool Name] for your child's early education.