INVOICE

[Daycare Name]
[Address Line 1]
[Phone Number]
[Email Address]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Parent/Guardian Name]
[Child's Name]
[Address Line 1]
[City, State, Zip]

Description of Service	Period/Hours	Rate	Amount
Tuition Fees	[Dates]	$0.00	$0.00
Late Pickup Fees	[Dates/Minutes]	$0.00	$0.00
Activity/Material Fees	[Description]	$0.00	$0.00

Subtotal: $0.00

Tax/Discounts: ($0.00)

Total Amount Due: $0.00

Payment Instructions:

Please make checks payable to [Daycare Name].
Accepted methods: Cash, Check, or [Online Payment Portal].

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