TODDLER CARE INVOICE

[Facility/Provider Name]
[Address Line 1]
[Phone Number]

Invoice #: _____

Date: _____

BILL TO:

[Parent/Guardian Name]
[Address]
Student Name: [Child Name]

BILLING PERIOD:

[Start Date] to [End Date]
Frequency: [Weekly/Monthly]

Description of Service	Rate	Qty/Days	Amount
Toddler Care / Tuition Fee	$		$
Meal/Snack Plan	$		$
Late Pickup Fees	$		$
Materials/Activity Fee	$		$

Subtotal: $_____

Discounts: ($_____)

TOTAL DUE: $_____

Payment Due Date: _____

Notes: Please make checks payable to [Provider Name]. A late fee of $___ applies after the due date.

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