

ECE SERVICE INVOICE

[Provider Name]
[Address Line 1]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

[Parent/Guardian Name]
[Student Name]
[Student ID]

Billing Period:

[Start Date] - [End Date]

Description of Service / Policy Fee	Hours/Qty	Rate	Amount
Tuition Fees (Base Rate)			
Extended Care / After-School			
Enrollment / Annual Policy Fee			
Late Pick-up Charges (Policy Ref: __)			

Subtotal: \$ _____

Government Subsidies/Credits: (\$ _____)

Total Due: \$ _____

ECE Terms & Policies:

1. **Payment:** Fees are payable in advance. Late payments incur a fee of [Amount] per day.
2. **Absences:** No refunds or credits are provided for sickness, holidays, or statutory closures.
3. **Late Pick-up:** A penalty of [Amount] applies per 15-minute increment after closing time.
4. **Withdrawal:** [Number] weeks written notice is required prior to withdrawing a child.

Parent/Guardian Signature

Date Signed