PROFORMA INVOICE

[School/Center Name]
[Street Address]
[City, State, Zip]
[Tax ID/Registration No.]

Invoice #: [Draft-000]
Date: [MM/DD/YYYY]
Expiry: [MM/DD/YYYY]

BILL TO:

[Parent/Guardian Name]
[Child's Full Name]
[Home Address]
[Phone Number]

ENROLLMENT PERIOD:

[Term/Semester/Month]
[Class/Group Name]

Description of Services	Rate	Qty/Weeks	Total
Tuition Fees (Early Childhood Program)	$0.00	0	$0.00
Enrollment/Registration Fee (One-time)	$0.00	1	$0.00
Learning Materials & Supplies	$0.00	1	$0.00

Description of Services	Rate	Qty/Weeks	Total
Meal Plan/Catering Services	$0.00	0	$0.00

Subtotal: $0.00
Discounts (Sibling/Early Bird): -$0.00
Total Amount Due: $0.00

Payment Instructions & Terms:

- This is a proforma invoice for enrollment confirmation.
- Bank: [Bank Name] | Acc: [Number] | Sort: [Code]
- Payment Reference: [Child's Name]
- Please submit payment by [Date] to secure the placement.