

CHILDCARE INVOICE

[Provider Name / Facility Name]
[License Number]
[Street Address]
[City, State, Zip]
[Phone Number]

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

BILL TO (Parent/Guardian)

[Name]
[Address]
[Phone]

CHILD INFORMATION

Child Name: [Child Name]
Service Period: [Start Date] to [End Date]

Description of Service	Dates/Hours	Rate	Amount
Full-Time / Part-Time Weekly Care	[Dates]	\$0.00	\$0.00
Overtime / Extended Hours	[Hours]	\$0.00	\$0.00
Meals / Materials Fee	-	\$0.00	\$0.00
Late Pickup Fees	[Minutes]	\$0.00	\$0.00

Subtotal: \$0.00

Discount (Sibling/Other): -\$0.00
Total Amount Due: \$0.00

PAYMENT INFORMATION

Accepted Methods: [Cash, Check, Venmo, Zelle, Bank Transfer]

Notes: [e.g., Please make checks payable to...]

Thank you for choosing [Provider Name] for your childcare needs.

Federal Tax ID / EIN: [XX-XXXXXXX]