

# INVOICE

**[Program Name]**  
[Address Line 1]  
[Phone Number]

INVOICE #: [0000]  
DATE: [MM/DD/YYYY]

**BILL TO:**

[Parent/Guardian Name]  
[Student Name]  
[Address Line 1]

**BILLING PERIOD:**  
[Start Date] - [End Date]

Description	Rate/Session	Qty/Weeks	Amount
After School Care (Standard)	\$0.00	0	\$0.00
Special Activities / Materials	\$0.00	0	\$0.00
Late Pickup Fees	\$0.00	0	\$0.00

**Total Due: \$0.00**

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**Payment Instructions:**

Please make checks payable to [Program Name] or pay via [Payment Portal Link].

Due Date: [MM/DD/YYYY]

Thank you for choosing our program!