

[Your business name]

[Street address, city, state ZIP]

[Phone] · [Email] · [Website]

[Licensed family child care / child care center] · License # [number]

Provider tax ID (EIN or SSN) [00-0000000]

INVOICE

Invoice # [0001]

Date [MM/DD/YYYY]

Due [MM/DD/YYYY]

Period [Week of MM/DD, or month]

BILL TO

[Customer name]

[Street address]

[City, state ZIP]

[Phone or email]

CHILD

[Child's first name and last initial] · [room or group]

[Full-time / part-time, days and hours]

[Daily report sent by app / paper]

DESCRIPTION	QTY	RATE	AMOUNT
Tuition — [period], [full-time / part-time] [Age group rate; what's included — meals, diapers, supplies]			
Second child — [name], [period] [Sibling rate, if you offer one]			
Late pickup — [date] [Per 15 minutes after closing]			
Extra day / drop-in — [date]			
[Field trip / activity / meals] — [date]			
[Registration / supply] fee — [annual]			
Subtotal			
Sales tax / GST / VAT ([rate]%)			
Deposit received			

Balance due

PAYMENT

[Due on the 1st, in advance. How parents can pay.]

FOR YOUR TAXES

[Your provider tax ID is above — parents need it for Form 2441 and dependent-care accounts. Year-end statement in January.]

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