

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
PROVIDER EIN	LICENSE #	BILLING PERIOD
CHILD(REN)		

DESCRIPTION	QTY × RATE	AMOUNT
Tuition: child, schedule, period (weekly / monthly rate)		
Tuition: second child, schedule, period		
Registration / supply / activity fee		
Meals / late pickup (time)		
Sibling / prepay discount (negative)		
Subsidy portion or payment received (negative)		

NOTES & PAYMENT TERMS

This estimate is valid for 30 days. Final invoice may vary if the scope changes; any change will be approved in writing before work continues. Deposit of 30% due on acceptance.

Subtotal

Tax

ESTIMATED TOTAL