

After-School Care Billing Document

Child Name:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>
Billing Period:	<input type="text"/>
Days Attended:	<input type="text"/>
Rate per Day (\$):	<input type="text"/>
Total Amount Due (\$):	<input type="text"/>
Payment Due Date:	<input type="text"/>

Notes/Comments: