

SAMPLE LETTER FROM PROVIDER

Little Splashers Swim Program
1515 Camp Street
Amazing, NY 02345
Phone: 123-456-7890
LittleSplashersSwimProgram@zzz.123
License # 22-1212121

Date

Mr. John Doe
1111 Somewhere Street
Someplace, NY 11111

Thank you for your recent payment for enrolling in Swim Class Session 1. Below is a detailed breakdown of the charges and payments applied to your account.

Student Information

Name: Jack Doe

Session: Swim Class Session 1 (February 1 - May 31, 20XX)

Program: Beginners Swim Program

Charges	
Description	Amount
Session Tuition	\$ 1,200.00
Early Drop-off	\$50.00
Swim Program Towels	\$25.00
Total Amount Paid	\$ 1,275.00
Current Balance	\$0.00

Thank you for choosing Little Splashers Swim Program. If you have any questions or concerns, feel free to contact me directly at 123-555-1212.

Thank you, and we hope Jack is excited for a fun day in the pool!

Provider's Name/Signature

Title

Letter must include:

- Provider's full name and address
- Provider's phone number and email address
- Provider's license number
- Letter date
- Member's and child's names
- Dates of service
- Total payment(s) made
- Provider's direct phone number (if different from logo info)
- Provider's name/signature