



explore imagine create play

FEE AGREEMENT

Child/ren's Name : _____

Parent/Guardian Names:(for invoice) _____

FEE PAYMENTS

I wish to pay my fees (please indicate by ticking box)

Weekly

Fortnightly

Term Lump sum payment

Fees may be paid by Direct Deposit, cash or cheque to the Pre-School. All fees are due within 2 weeks of the invoice unless paying in instalments. Fees must be paid in full by the conclusion of each term. (see Fees policy)

INVOICES

I wish to receive my term fee invoice (please indicate by ticking box)

Paper invoice via mail

Electronic invoice via email

Please indicate preferred email address for electronic invoices

Signed: _____ (parent/guardian) Date: _____

Signed: _____ (parent/guardian) Date: _____

