



AGREEMENT TO PAY FEES FORM

Child's Name: _____
Person responsible for the Payment of Fees: _____
Email Address To Which Invoice Will Be Sent: _____
Physical Address: _____ _____ _____
Cell number of Person Responsible For Paying Fees: _____
Place Of Employment And Contact Numbers: Mother: _____ Father: _____
We hereby agree to pay school fees on or before the 5th of each month for eleven (11) months of the year, from February through to December We understand that should fees be outstanding our child or children will not be permitted back to Hilltops Pre-School until all outstanding amounts have been settled and failure to do so will result in the matter being passed over to the school debt collector.
Signed: _____ Date: _____

Photo Permission I give permission for my child's photo to be used in the school's website and Facebook pages or newspapers, provided his or her name is not printed and on the understanding that most photo's will be group shots taken during the school day, on excursions or at fun school events held during the year.
Child's Name: _____
Parent's Name: _____
Signature: _____
Date: _____