



## 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 ten (10) months of the year, from February through to November. 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: \_\_\_\_\_