



AGREEMENT TO PAY FEES

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 as an ADVANCE PAYMENT 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.

NB: Only EFT payments will be accepted into the school bank account. No cash deposits will be allowed as a form of payment.

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: _____