

PAYMENT OF FEES AGREEMENT

I agree to pay the minimum weekly amount as per my statement per week or fortnight by the close of business each Friday. I will make Management of Giggles Day Care Centre aware of any circumstances where I may not be able to make my weekly payment.

I am aware that if my account falls behind and becomes 2 weeks overdue, I will be given a 2 week notice and if my account is not paid off by the date stated on the notice, my child's position at Giggles Day Care Centre will be suspended immediately.

I agree that if Giggles Day Care Centre has to pass my details onto a Debt Collector or the matter be taken to court in order to recover the funds owed by myself, I am fully aware that any fees and costs involved in this process will be added onto the total amount of my account and I will be responsible for the payment of these.

Parent/Guardian Name : _____

Signature: _____ Date: ____ / ____ / ____

PLEASE NOTE: The individual signing the above agreement must be the Parent/Guardian listed on the first page of the Giggles Day Care Centre Enrolment Form.