**Fee Payment Agreement**

Parents name and address....................................................................................

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Child name.................................................

Preferred method of payment

 Cash

 Cheque

 Internet banking

 Childcare vouchers

 Free 15 hours entitlements

Please tick to say you have read and agree with the **Payment Policy**

**Signature.........................................................**

**Name ...............................................................**

**Date .................................................................**

Return to preschool along with your application form