

PAYMENT AGREEMENT FORM



1a Welbeck Drive, Wingerworth, Chesterfield, S42 6SN.
Landline - 01246 766120
Mobile on premises - 07808 175123
Jane - 07779152117
Email: chesterfieldchildcare@yahoo.com
Web address: www.chesterfieldchildcare.co.uk

DATE:

PLEASE COMPLETE THIS AGREEMENT AND RETURN

NAME: _____ (I am responsible for fees payments)
CHILD'S NAME _____

We will be **ALL YEAR ROUND / TERM TIME ONLY.**

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIME					
= HRS					

Please tick as appropriate. **I wish to pay my fees by.....**

Whole Term Monthly Weekly Daily
Cash/Card Child care voucher Internet Banking

Who shall we assign as bill payer to receive our invoices via Family App: Mum / Dad / Other

Details for Internet / standing orders payments Nat West 60-40-09 account 34038787

ALL FEES PAID IN ADVANCE OF ATTENDANCE PLEASE.

Please note any default / late payments will incur a 5% charge of the outstanding debt and payment agreement may be cancelled. With total outstanding payable immediately.

Please remember that holidays are charged at 50% of your normal attendance rate.

Each year you are entitled to 4 weeks holiday at 50%. Christmas week and Public Bank Holidays are not charged for as the nursery is closed. Please ensure you give 4 weeks' notice of all holidays to enable us to plan for staffing ratios.