



Baringa Child-Care Centre Association Incorporated
 ABN 42 028 145 288
 64 Baddeley Crescent
 SPENCE ACT 2615
 P: 02 6258 8891
 E: baringa1@iinet.net.au

PAYMENT PLAN AGREEMENT

Your Name:			
Your Address:			
Email:		Phone:	
Name(s) of Child(ren)			

Overdue Amount:					
Regular Payment Amount:					
Start Date:					
Frequency					
<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
<input type="checkbox"/> Fortnightly, every second:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
<input type="checkbox"/> Monthly, as follows	(e.g. 1 st Tuesday, 15 th of the month etc)				

Important Information

- By signing this form, you agree to pay the "Overdue Amount" to the Centre by the "Regular Payment Amount" at the "Frequency" from the "Start Date." This payment is required in addition to your normal, ongoing childcare fees and must be made by direct debit.
- Please refer to the "Fees & Payment of Fees" Policy for further information about fees at the Centre, and payment of fees.
- Families experiencing hardship are encouraged to discuss their situation with the Centre Director. The Centre Director can provide information and assistance about payment options including general information regarding additional government assistance and can speak to the Board on your behalf on a confidential basis.

Parent/Carer Signature(s)

Signature 1		Signature 2:	
Name:		Name:	

Date form signed:	
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