# Little Willow Montessori Pre-school

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http://www.littlewillowmontessoripreschool.co.za

## Aftercare Payment Contract-2027

Child's Name and Surname_____

Fees are payable monthly over an 11-month period, from 31 January to 30 November each year.

**Please tick one of the following settlement options**:

| | |
|---|---|
| **Until 14:00 daily - R300** | ☐ |
| **Until 15:00 daily - R350** | ☐ |
| **Until 16:00 daily - R400** | ☐ |
| **Until 17:30 daily - R450** | ☐ |

**An ad hoc aftercare fee will be charged at R20.00 per hour until 17:30; thereafter, a *pro rata* penalty fee of R50.00 per 30 minutes will be levied.**

1. One month's notice must be given to terminate attendance.
2. If a child is absent due to illness, I am still liable for the full month's fees.
3. **Term Fees** are charged on a monthly basis irrespective of school holidays.
4. **Fees are paid in advance each month; fees paid later than the 5th of the month will be regarded as overdue and a penalty of R20 per day will be charged.**
5. If fees are overdue, legal proceedings will be instituted to recover the outstanding debt.
6. Fees will be increased on an annual basis.

### Acknowledgement of Risk, Emergency Assistance and Payment Undertaking:

I acknowledge and understand that, although **Little Willow Pre-School** will take all reasonable precautions to promote and maintain the safety and well-being of my child, accidents, injuries, illness or other unforeseen events may nevertheless occur. I further acknowledge that Little Willow Pre-School cannot guarantee that my child will be free from such risks and that its liability shall be limited to the extent permitted by applicable law.

In the event of an emergency involving my child, I hereby authorise Little Willow Pre-School, its employees or authorised representatives to take such reasonable steps as may be necessary to obtain appropriate medical attention or assistance for my child, including contacting emergency services or arranging medical treatment where reasonably necessary. I acknowledge that I shall be responsible for any reasonable costs incurred in connection with such emergency assistance or treatment, to the extent that such costs are not otherwise covered by applicable medical or other insurance.

### Payment Undertaking and Acceptance:

I, the undersigned, confirm that I have read and understood the terms and conditions of this contract, including the applicable fee structure and payment option selected above. I undertake to pay all fees and other amounts properly due in respect of the above-mentioned child in accordance with the terms of this contract.

I acknowledge that this document, together with the applicable terms and conditions, constitutes a **legally binding agreement between myself and Little Willow Pre-School**, and I agree to be bound by its terms.

**Signed at_____on the_____day_____month_____year_____**

**Parent/Legal Guardian: Full Name: _____Signature: _____**

**Principal signature: _____**