



# Little Willow Montessori Workshop

**Address:** 7 Carrington Avenue  
Athlone, 7764  
**Telephone:** 021-6969326  
**a/h :** 021-6852443  
**Cell:** 0827755379  
**Email:** hmfisher333@gmail.com

<http://www.littlewillowmontessoripreschool.co.za>

## Aftercare Payment Contract-2024

Child's Name and Surname \_\_\_\_\_

Fees are charged per month over 11 months. 31 January - 30 November.

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

I understand that although Little Willow will take every reasonable precaution to ensure the safety of my child, the Little Willow Preschool will not be held responsible for any unforeseen accident or injury. I give permission to Little Willow to act on any emergency pertaining to my child deemed necessary at my cost.

I, the undersigned have noted the above, accept this contract of payment and hold myself responsible for the fees of the above mentioned child as per the option indicated. I accept that this serves as a legal binding document between myself and Little Willow.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Full Name and signature: \_\_\_\_\_

Principal signature: \_\_\_\_\_