



# Geebung Kindergarten and Preschool



## Family Fee Agreement

### Fee Payment Contract

<b>Parents Name</b>	
<b>Child's Name</b>	
<b>Child's DOB</b>	

I/we acknowledge that I/we have read the GKP Handbook and have been made aware of fees and charges pertaining to attending GKP.

I/we acknowledge that the service is not able to operate without the fees paid by parents/guardians.

I/we acknowledge that if a kindergarten program is offered by this service then the kindergarten program offered by this service is partly funded by the Queensland Government to cover the additional cost of employing a qualified teacher.

I/we acknowledge that fees are payable at this service.

I/we understand that my service may be entitled to obtain the Low-Socio Economic (SEIFA) subsidy under the Queensland Kindergarten Funding Scheme. I/we understand that GKP pass onto me/us this subsidy by way of a fee reduction. If for any reason the State Government alters the SEIFA rating of our service and our service is no longer eligible to receive the SEIFA subsidy, the daily fee for this service will increase by the amount of SEIFA fee reduction that was previously applied.

I/we understand that I may be entitled to obtain the Health Care Card fee reduction subsidy while I have a current Health Care Card/Pension Concession Card, if the service I attend is eligible to receive the Health Care Card fee reduction subsidy under the Queensland Kindergarten Funding Scheme. I/we must provide valid health care card/pensioner concession card details to the service. It is my/our responsibility to provide updated card details if my/our eligibility lapses. If eligibility lapses then I/we acknowledge that the fee reduction will no longer apply to my account and I/we are responsible for the full payment of fees.

I/we agree to pay the published fees for my/our child/ren (listed above) to attend the service listed above subject to GKP policies and Queensland Government regulations.

I/we agree to pay fees by the due date, in accordance with the fee payment preference selected above.

I/we acknowledge that if fees are not paid within one (1) day of the due date, a reminder letter will be sent/given to me/us.

I/we acknowledge that if at least a 1/3 of the fees are not paid within seven (7) days of the due date, a second reminder letter will be sent/given to me/us and my/our child will not be able to attend the centre.

I/we acknowledge that if fees are not paid within fourteen (14) days of the due date, a final reminder letter will be sent/given to me/us. Unfortunately, your child will still not be able to attend the centre if payment is not made.

I/we acknowledge that if fees are not paid within twenty-one (21) days of the due date, my child will no longer have a place at the service and legal action will be taken to recover the debt owed. I/we acknowledge that we understand that the cost of recovering any debt owed to GKP by me/us will be added to the debt owed and will become payable to GKP by me/us.

I/We acknowledge that should my child's enrolment at the service be terminated it is at the total discretion of GKP as to whether your child will be re enrolled at a GKP service.

I/we acknowledge that unpaid fees constitutes a debt owing to GKP, regardless of whether I/we remove my child(ren) from the service or whether my child(ren)'s place at the service is suspended or cancelled.

I/we agree that if our financial circumstances change and I/we are unable to pay as agreed, we will immediately notify the Director of the service who will work with Accounts Receivable to determine an alternative payment arrangement.

I/we acknowledge that a Late Fee may apply if I am late picking my child. Please ensure your contact your child's teacher if you are going to be late.

I/we acknowledge that should I/we wish to terminate my/our child's enrolment, we must give two weeks' notice and fees will be charged even if my/our child does not attend during the notice period. I/we also acknowledge that a refund of any fees already paid will be at the Committee's discretion.

I/we understand that GKP reserves the right to change fees when necessary.

I/we acknowledge having read and understood GKP's Fee Policy, which sets out the obligations I/we must abide by regarding fees and fee payment.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Parent/Guardian 2\* Parent/Guardian 1\*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Each Parent / Guardian is required to sign the fee payment agreement.