Split Billing of Account  
Term 2, 2013

Family name ________________________________________________________

Child/ren’s name _____________________________________________________

Parent/s responsible for fees: __________________________________________

Parent: A billing information
Name: ________________________________________________________________
Email: ____________________________________________________________________

Weeks responsible for fees (please indicate by ticking boxes below)

Term 2, 2013

Week 1 (29th April – 3rd May) ☐  Week 6 (3rd – 7th June) ☐
Week 2 (6th May – 10th May) ☐  Week 7 (10th -14th June) ☐
Week 3 (13th – 17th May) ☐  Week 8 (17th – 21st June) ☐
Week 4 (20th – 24th May) ☐  Week 9 (24th – 28th June) ☐
Week 5 (27th – 31st May) ☐  Week 10 (1st – 5th July) ☐

Other arrangements ____________________________________________________________________________________

I agree to pay all fees and charges incurred while my child/ren are enrolled, including expense incurred as a result of late or non – payment.

Parent A signature: __________________________________________________________  Date: ______________

Parent: B billing information
Name: ________________________________________________________________
Email: ____________________________________________________________________

Weeks responsible for fees (please indicate by ticking boxes below)

Term 2, 2013

Week 1 (29th April – 3rd May) ☐  Week 6 (3rd – 7th June) ☐
Week 2 (6th May – 10th May) ☐  Week 7 (10th -14th June) ☐
Week 3 (13th – 17th May) ☐  Week 8 (17th – 21st June) ☐
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Week 5 (27th – 31st May) ☐  Week 10 (1st – 5th July) ☐

Other arrangements ____________________________________________________________________________________

I agree to pay all fees and charges incurred while my child/ren are enrolled, including expense incurred as a result of late or non – payment.

Parent B signature: __________________________________________________________  Date: ______________