

# SMOOSH CARE



St. Monica's Out of School Hours Care

Phone: 6258 1014

## 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 (29<sup>th</sup> April – 3<sup>rd</sup> May)

Week 2 (6<sup>th</sup> May – 10<sup>th</sup> May)

Week 3 (13<sup>th</sup> – 17<sup>th</sup> May)

Week 4 (20<sup>th</sup>– 24<sup>th</sup> May)

Week 5 (27<sup>th</sup> – 31<sup>st</sup> May)

Week 6 (3<sup>rd</sup> – 7<sup>th</sup> June)

Week 7 (10<sup>th</sup> -14<sup>th</sup> June)

Week 8 (17<sup>th</sup> – 21<sup>st</sup> June)

Week 9 (24<sup>th</sup> – 28<sup>th</sup> June)

Week 10 (1<sup>st</sup> – 5<sup>th</sup> 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

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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: \_\_\_\_\_