

Early Years Care and Education

PERMISSION FORM FOR SALARY DEDUCTIONS FOR CENTRE FEES

Name of Child: _____

I, _____, do hereby give permission for
(name of UC staff)

Payroll to deduct from my salary the fees due to the centre for the care and education of my child at the centre.

The amount to be deducted from my fortnightly salary is \$_____
beginning _____.
(date)

Signed: _____

Department: _____

Date: _____

Note to Parent of Child

Please return this form to the Centre Head Teacher or Administrator. You could also email the completed form to earlyyears@canterbury.ac.nz. Please ensure you receive an acknowledgement if you are emailing. A copy of this form will be kept in the child's file.