



Billing address

Children's names

Child 1

First name(s) Surname.....

Child 2

First name(s) Surname.....

Child 3

First name(s) Surname.....

Billing address

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.....
.....

Please tick which of the services below will be paid by the address above:

School fees

Catering

After-school activities

Place.....

Date.....

Parent's signature.....

We thank you for your confidence