

38 Fuchsia Road
Primrose Hill
1401

Sonia
Tel No. 073-185-5734



SUGAR PLUM NURSERY SCHOOL



PERSON RESPONSIBLE FOR YOGA FEES

I _____ (person responsible for paying fees) understands that fees are payable at the beginning of each Yoga term.

AGREEMENT

- ❖ I agree that EFT payments are payable in on or before the start of the Yoga term. Please see Yoga term dates attached.
- ❖ An amount of R600 for 5 weeks of yoga irrespective to illness, a personal holiday or any other reason whatsoever.
- ❖ No cheque payments accepted.
- ❖ I agree to give a full calendar month notice period of my intent to withdraw my child from yoga.
- ❖ Bank Account Details or Cash accepted

Absa Bank

Ms S Afonso

Branch: Bedford Gardens

Account Number: 4077294238

POP: soniarafonso79@gmail.com

Name: _____ I.D. No. _____

Signature: _____

Date: _____