Primrose Hill Primary School

Princess Road, Regent's Park, London NW I 8JL Tel: 020 7722 8500

admin@primrosehill.camden.sch.uk www.primrosehill.camden.sch.uk



Top Up Fee Agreement Form

CHILD'S FAMILY NAME		DATE OF BIRTH		
CHILD'S FIRST NAME	 	BOY	GIRL	
ADDRESS				
		POSTCODE		
Parent(s)/Carer(s) with whom ch	ild lives:			
FAMILY NAME				
FIRST NAME				
HOME TELEPHONE:		WORK		
EMAIL ADDRESS:				
Agree to pay a top up fe	ee of £97.50 per week	for your child to be full	time in nursery	
Commit to this arranger	ment on a term by term	arrangement		
Would give four week	s' notice in writing price	or to 31st Dec 2017, 31s	t April 2018 and 25 th July, if you	
wish to change to 15 h	ours only or if your circ	umstances change.		
You will pay monthly (£390) or a term in adva	nce for each term (x 12	weeks £1170)	
First payments must be paid	by no later than you	r child's first day at ni	ursery. You are liable to pay	
for places regardless of any m	•	•	, , ,	
cheque to Primrose Hill Prim	nary School. You sho	ould write your child's	s name on the back of the	
cheque.				
Or you can pay via Pay Pal:	Sort Code: Payment Reference Payment Type: Per	umber: 18461972 600424 eference should be: Top-up/Child's Name/DOB ype: Personal Payment (to avoid Pay Pal charges) rqa@primrosehill.camden.sch.uk		
Parent/Carer's Signature				
Parent/Carer's full name	type your name in capital lette			
(Please t	lype your name in capital lette	:1 3 <i>)</i>		

Head Teacher: Robin Warren