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AGREEMENT FORM

	I, the undersigned, herewith acknowledge that I have the the Terms and Conditions as set out in the general rules of Faith
	(Print Full Names & Surname)
Signature:Date:	
child may be may be taken to the nearest doctor or mall medical costs is for my account.	case of extreme emergency (on accident or sudden illness etc) my nedical centre/hospital for treatment. I understand and accept that
	(Print Full Name & Surname)
Signature Date	

