



# STEAM Innovators Alliance - After School Program Payment Form

## STUDENT DETAILS

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender:  Male  Female  Prefer not to say Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

\_\_\_\_\_ (Mobile): \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## After School FEES

Membership Type	Fee
Term 4	\$90

## DECLARATION

I \_\_\_\_\_ hereby apply for my child \_\_\_\_\_ at attend the Yarra Ranges Tech School After School Program for Term 4, 2024. The final program date for 2024 is 5th December.

In person payment by credit-card (Monday to Friday 9am to 4pm)  
Reception, Lilydale Lakeside, Ground Floor, Building L5, 1 Jarlo Drive, Lilydale 3140

Over the phone by credit-card (Monday to Friday 9am to 4pm) (03) 9286 9290

I authorise for Yarra Ranges Tech School to process - Card Details for Payment

(Card details will be destroyed after your payment is processed)

Card Type:  Visa  Mastercard

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiry date: \_\_\_\_\_ CCV: \_\_\_\_\_

*\*This is a non refundable payment*

Signed \_\_\_\_\_ Date \_\_\_\_\_