

## STEAM Innovators Alliance - After School Program Payment Form

	: First Name:	Surname:	
Gen	der: 🗆 Male 🗆 Female	□ Prefer not to say Date of Birth	/
Add	ress:	Phone (Home):	
		(Mobile):	
Sub	urb: Po	st code:	
Eme	rgency Contact Name:	Phon	e:
Rela	tionship to you:		
Aft	er School FEES		
	Membership Type	Fee	
	Term 1	\$90	
DE/	SI ADATIONI		
DEC	CLARATION		
I		_hereby apply for my child ool Program for Term 1, 2024.	at attend the
I Yarr	a Ranges Tech School After School		at attend the
I Yarr □ In	a Ranges Tech School After School person payment by credit-card eception, Lilydale Lakeside, Grou	ool Program for Term 1, 2024. (Monday to Friday 9am to 4pm)	at attend the
I Yarr □ In Re	person payment by credit-card eception, Lilydale Lakeside, Grouver the phone by credit-card (Me	(Monday to Friday 9am to 4pm) nd Floor, Building L3, 1 Jarlo Drive, Lilydale 3140	at attend the
I Yarr □ In Re □ O	person payment by credit-card eception, Lilydale Lakeside, Grouver the phone by credit-card (Me	(Monday to Friday 9am to 4pm) nd Floor, Building L3, 1 Jarlo Drive, Lilydale 3140 anday to Friday 9am to 4pm) (03) 9286 9290 School to process - Card Details for Payment	at attend the
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I Yarr □ In Re □ O · □ I a (C	person payment by credit-card eception, Lilydale Lakeside, Grouver the phone by credit-card (Multiplication) withorise for Yarra Ranges Tech and details will be destroyed after the phone by credit-card (Multiplication) without the control of the	(Monday to Friday 9am to 4pm) nd Floor, Building L3, 1 Jarlo Drive, Lilydale 3140 onday to Friday 9am to 4pm) (03) 9286 9290 School to process - Card Details for Payment er your payment is processed)  O Mastercard	at attend the
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