



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 1	\$90

DECLARATION

I _____ hereby apply for my child _____ at attend the Yarra Ranges Tech School After School Program for Term 1, 2024.

In person payment by credit-card (Monday to Friday 9am to 4pm)
Reception, Lilydale Lakeside, Ground Floor, Building L3, 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 _____