



Credit Card Authorisation Form. Please fill out and return to
finance@bialik.vic.edu.au

Date: ___/___/___

I, _____ authorise Bialik College to debit the sum of my weekly usage at the Bialik OSHClub program from my credit card in payment for Childcare.

Children's Names: _____

Visa
 Mastercard

Expiry Date: ___/___

Name on credit card: _____

Contact Number: _____

Signature: _____ Date: _____

Bialik College holds the license of the Before Care, After Care and Holiday Program.

Families will be sent invoices monthly from Bialik College and their credit card will be debited 10 days after the date of that invoice for the total amount outstanding.

Please Note: All children need to be pre-booked for their Holiday Program, Before and After care sessions, otherwise a late fee of \$4.00 for before and after care and \$10.00 for vacation care is charged.