

**ORRVILLE AREA BOYS AND GIRLS CLUB**  
**KIDSTOP Application**  
**2010-2011 School Year**

**BEFORE SCHOOL** \_\_\_\_\_ **AFTER SCHOOL** \_\_\_\_\_ **Start Date:** \_\_\_\_\_  
(Please check before and/or after school your child will attend)

**Member Information:**

Child's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Special Information: \_\_\_\_\_

**Parent/Guardian Child lives with:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell/Other: \_\_\_\_\_ Home: \_\_\_\_\_

**Other Parent/Guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell/Other: \_\_\_\_\_ Home: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child may ONLY be picked up by Legal Guardian, Emergency Contact and the following:

\_\_\_\_\_  
\_\_\_\_\_

**Payment:**

I will pay: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Scholarship \_\_\_\_\_

***Morning Kidstop is \$2 daily per child.***

***There are no scholarships available for Morning KIDSTOP.***

***School Kidstop is \$10 weekly per child. A scholarship form MUST be completed and approved in order receive a scholarship.***

M\_\_\_\_\_