

ORRVILLE AREA BOYS AND GIRLS CLUB
KIDSTOP Application
2011-2012 School Year

My child will attend:
_____ **BEFORE** School
_____ **AFTER** School

My child will start Kidstop on: _____

Member Information:

Child's Name: _____
Grade: _____ DOB: _____
Allergies: _____
Special Information: _____

Parent/Guardian Child lives with:

Name: _____ Relationship: _____
Address _____ City _____ Zip _____
Employer: _____ Work Phone: _____
Cell/Other: _____ Home: _____
Email: _____

Other Parent/Guardian:

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

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

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

Payment: I will pay: ___ Weekly ___ Bi-weekly ___ Monthly ___ Scholarship

BEFORE School Kidstop is \$2 daily per child.
There are no scholarships available for Morning KIDSTOP.

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