



# Boyle County Schools After School Program

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1651 Perryville Road Danville, Kentucky 40422 Tel: (859) 236-4212

## After School Program Policies

- The program will run Monday-Friday 3:00pm to 6:00pm when school is in session.
- The program will take place at Woodlawn Elementary.
- Students at Perryville Elementary and Junction City Elementary that are attending the after school program will be transported by bus.
- Tuition is due every Friday for the next week.
- Tuition will be \$50.00 per week and \$45.00 for each additional child regardless of the number of days attended for each week.
- If tuition is not submitted by Friday for the upcoming week, your child will not be permitted to attend the after school program and you will be contacted.
- Please make checks payable to Boyle County Schools and include the name of your child(ren) on the check.
- Boyle County wants to maintain a positive environment for their afterschool program. If there is a discipline issue with your child, you will be notified by the After School Program Director.

**For more information: Please contact Jenna Blair at (859) 236-6634 or (859) 236-6634.**



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Dear Parents and Applicant:

Thank you for your interest in the Boyle County After School Program at Boyle County Middle School. Please fill out this application form completely. Once your child is enrolled, you will be notified by the After School Program Director will further information.

Applicant's name:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Gender:  Male  Female

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent's/Guardian's name:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Permanent address: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

**Emergency Contacts:** Please list in order of preference individuals we may contact in the event of an emergency.

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Telephone# Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Telephone# Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address :** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_

**Telephone# Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Allergies:**

\_\_\_\_\_

\_\_\_\_\_

**Current**

**Medications:** \_\_\_\_\_

\_\_\_\_\_

**Insurance**

**Primary Physician:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Insurance Number:** \_\_\_\_\_

Does your child have any physical conditions or special needs our staff should be aware of? Yes  No

If yes, please complete a medication/authorization form and/or an individual care plan:

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian**

