



THE
DON BOSCO
CENTER

**1. Enrollment form for The Don Bosco Center
Afterschool Tutoring Program**

To enroll, submit the following by email to
enrollment@donbosco.org, or mail to 120
N Gatewood St. Lawrenceburg KY 40342

2023-24 Academic Year

Basic Information

| | |
|--|-----------------------|
| Child's Last Name: | Child's First Name |
| Parent/Guardian Name: | Parent/Guardian Name: |
| Child's Address: | |
| Name of person the child lives with, if not the parents/guardians: | |
| Child's date of birth: | |
| Highest grade Child has completed: | |

Contact Information

| | | |
|--|--------------------------|--------------|
| Parent/Guardian Name: | Home Phone: | Cell Phone: |
| | Work Phone: | Email: |
| Preferred method of communication for non-emergencies (you may check more than one): | <input type="checkbox"/> | Call |
| | <input type="checkbox"/> | Text |
| | <input type="checkbox"/> | Email |

| | | |
|--|--------------------------|--------------|
| Parent/Guardian Name: | Home Phone: | Cell Phone: |
| | Work Phone: | Email: |
| Preferred method of communication for non-emergencies (you may check more than one): | <input type="checkbox"/> | Call |
| | <input type="checkbox"/> | Text |
| | <input type="checkbox"/> | Email |

Medical Information (This information will be kept strictly confidential)

| |
|--|
| Name of child's primary doctor: |
| Preferred hospital in the event of an emergency: |
| Relevant medical history (allergies, physical limitations, learning disorders, etc.) |
| Does your child have restrictions on participation in any activities? (Y/N) |
| If yes, please explain: |

Emergency contact info

In the event of an emergency involving your child, the Don Bosco Center will first contact the parents and guardians previously listed on this form. If we are unable to reach the parents or primary guardians, you may also list up to three other contacts for us to call.

| | |
|----------------------|--------|
| Emergency Contact 1: | Phone: |
| Emergency Contact 2: | Phone: |
| Emergency Contact 3: | Phone: |

Learning Needs (This information will be kept strictly confidential)

| |
|--|
| Does your child currently have or has ever had an IEP or 504 plan? (Y/N) |
| Does your child have any mental health diagnoses or learning disabilities that may be helpful for our program to know about? |
| Is there anything else that you wish for us to know about your child? |

Upon signing this application, I agree to adhere to all policies and procedures of the Don Bosco Center while participating in the afterschool program.

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

___/___/___
Date Signed

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

___/___/___
Date Signed

Director Name (Print)

Director Signature

___/___/___
Date Signed



Basic Information

| | |
|------------------------|--|
| Child's Last Name: | Child's Legal First Name and Middle Initial: |
| Child's date of birth: | |

STUDENT'S Medical Insurance

| | |
|---|------------------|
| Does your student have a KY Medicaid or K-CHIP Card? Yes / No | Number: |
| Does your student have other medical insurance? Yes / No | Name of Company: |

STUDENT'S Medical History

| |
|---|
| Significant Medical History: |
| Medication Allergies: |
| Food Allergies: |
| Other Allergies: |
| Medications taken Daily: |
| Prescription Medication to be given at the Don Bosco Center*: |

*A Medication Consent Form must be completed prior to any medication being administered at the Don Bosco Center.

Does your child have any of the following life-threatening conditions that may require **emergency** treatment or medications to be given at the Don Bosco Center?

- Diabetes
- Asthma (requiring a rescue inhaler)
- Seizures
- Life-threatening Allergies (requiring an epi-pen)
- Other: _____

CONSENT FOR HEALTH SERVICES / ASSIGNMENT OF BENEFITS

All students will receive basic First Aid and emergency care. By signing this form, I consent to health services given to my student by staff at the Don Bosco Center while under the supervision of the DBC. I authorize the DBC to release medical information about my student to his/her Primary Care Provider.

This form will remain in effect for your child for as long as your child is enrolled at the DBC unless revoked in writing.

X _____
(Signature of Parent / Legal Guardian)

____ / ____ / ____
(Date signed)



Basic Information

| | |
|------------------------|---------------------|
| Child's Last Name: | Child's First Name: |
| Child's date of birth: | |

I, _____, legal parent/guardian of the child named above, give

(Parent or Guardian Name)

permission for my child to be released to the individuals listed below.

| | |
|---------------------------|------------------------|
| Parent/Guardian #1 | |
| Name: | Relationship to Child: |
| Address: | |
| Primary Phone: | Secondary Phone: |

| | |
|---------------------------|------------------------|
| Parent/Guardian #2 | |
| Name: | Relationship to Child: |
| Address: | |
| Primary Phone: | Secondary Phone: |

| | |
|-----------------------------|------------------------|
| Additional Pickup #1 | |
| Name: | Relationship to Child: |
| Address: | |
| Primary Phone: | Secondary Phone: |

| | |
|-----------------------------|------------------------|
| Additional Pickup #2 | |
| Name: | Relationship to Child: |
| Address: | |
| Primary Phone: | Secondary Phone: |

| | |
|-----------------------------|------------------------|
| Additional Pickup #3 | |
| Name: | Relationship to Child: |
| Address: | |
| Primary Phone: | Secondary Phone: |

Are there any court orders which restrict visitation by anyone? (Y/N)

If yes, what is the name of the individual (please attach a copy of the court order):

If at any time you need to add or delete names from this list, please contact the Don Bosco Center office. Any additions to the list must be supplied in writing. Your child will not be released to anyone who is not on this form unless authorized by you. In addition, a photo ID will be required from the authorized persons before your child is released to them.

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

___/___/___

Date Signed



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4. Publicity Release Form

2023-24 Academic Year

Publicity Release

I, _____, a parent/guardian of a participant in a program of the Don Bosco Center, grant permission to allow the picture and/or likeness of me or my child(ren) to appear, without compensation to me, in any photograph or video that may appear on the Don Bosco Center Website or Social Media.

I am aware that this release is optional and that my enrollment in the programs of DBC will not be affected if I do not want my picture or likeness used.

Yes No

Child Name (Print, please list all children if you have more than one enrolled in the program)

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

____/____/____
Date Signed