

Franklin County School System
2026-2027 Extended School Program Registration Contract Form

1.8012.4 – Administrative Procedure

Fee Paid: _____ Date Paid: _____ Received By: _____ Check #: _____

(Registration fee of \$10 each child due at the time of registration – nonrefundable)

PLEASE PRINT LEGIBLY WITH DARK INK – THANK YOU

Child's Information (please complete 1 form per child)

| | | | |
|----------------------------------|----------------|------|---------|
| Date: | School: | | |
| Child's Full Name: | Grade: | Age: | Gender: |
| Name Child Prefers to be Called: | Date of Birth: | | |

Parent Information

| | | | |
|---|-------|---|-------|
| Mother's Name: | | Father's Name: | |
| Mother's Address: | | Father's Address: | |
| Phone: Home: | Cell: | Phone: Home: | Cell: |
| Place of Employment: | | Place of Employment: | |
| Work Address: | | Work Address: | |
| Work Phone: | | Work Phone: | |
| Email: <small>(May we use your email to correspond with you? Yes ___ No ___)</small> | | Email: <small>(May we use your email to correspond with you? Yes ___ No ___)</small> | |

If parents are divorced, who is the Custodial Parent? _____

If there are special circumstances involving visitation and pick up rights, you must provide the Site Director with legal documentation for these arrangements.

Emergency Contact & Transportation Information:

In case of emergency and to ensure the safety of your child, after attempting the above phone number(s), please list names of a responsible person who is authorized to act for the parent in an emergency and to whom your child may be released to provide transportation for your child.

Name: _____ Cell: _____ Relationship: _____
 Home Address: _____ Home Phone: _____
 Work Address: _____ Work Phone: _____

Other than those listed above, who may pick up your child? (must be 18 or older)

| Name | Relationship | Phone |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list any adult who is NOT AUTHORIZED to pick up your child. Court documents must be provided if this person is a parent.

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Emergency Medical Permissions

Child's name: _____ Age: _____ DOB: _____
 Parent/Legal Guardian: _____

Name of insured: _____
 Health Insurance/Coverage Provider: _____ Phone: _____
 ID number: _____ Group number: _____

Child's Medical Information

Physician's Name: _____ Phone: _____ (required)
 Physician's Address: _____

Child's Health History

Are your child's immunizations current? Yes ___ No ___
 Does your child have any ALLERGIES or MEDICAL CONDITIONS that should be considered?
 Yes ___ No ___
 If yes, please specify: _____
 Are there any special instructions from you or the child's doctor as to treatment at the ESP site? Yes ___ No ___
 DOES YOUR CHILD HAVE A PEANUT ALLERGY? Yes ___ No ___

History of Illness (Please Check)

| | |
|---|--|
| <input type="checkbox"/> Allergies or reaction to medicine, DPT, or insects | <input type="checkbox"/> Hemophiliac (free bleeder) |
| <input type="checkbox"/> Problems with skin rash | <input type="checkbox"/> Frequent headaches |
| <input type="checkbox"/> Trouble with eyes or sight | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Wears glasses, contacts or protective eye wear | <input type="checkbox"/> Frequent urinary tract infections (bladder or kidney) |
| <input type="checkbox"/> Frequent ear infections/tubes in ears | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma/breathing problems |
| <input type="checkbox"/> Abdominal (stomach) pain | <input type="checkbox"/> Lung disease/shortness of breath |
| <input type="checkbox"/> Problems with diarrhea/constipation | <input type="checkbox"/> Frequent colds/upper respiratory infections |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Heart disease/heart murmur |

Please provide special instructions concerning any of the above:

Does your child have any special problems not indicated above?

In the event of an emergency, I give the staff of ESP permission to seek appropriate medical attention in the event of an emergency and grant treatment of my child by medical personnel if I am unable to be notified within a reasonable amount of time.

Signature of responsible party:

Date: _____

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Statement of Understanding and Statement of Permissions

- My child has permission to participate in all ESP activities, including field trips and transportation services. The ESP staff will notify parents of all field trips.
 - I give permission for my child(ren) to be used in media releases that benefit the school or the school system. A signed Franklin County Schools Consent Form 40407.2 is on file at the school.
 - I understand that all payments to the ESP must be made on Friday in advance of the services or on Monday the week of services. If payment is not made on Monday a \$10 late fee will be assessed. If payment in full (including late fee) is not received by Tuesday at 6 pm the child will not be allowed to attend ESP on Wednesday.
 - I understand that illness credits will only be given if the illness is excused by the office and a physician's note to include the dates of the absences is provided to ESP staff the day the child returns to ESP.
 - I understand to receive vacation credit I must notify the site director one week in advance by completing the "Advance Notification of Absence/Withdrawal/Change" form.
 - I understand that I will assume all costs of injury to my child on a field trip and property damages resulting from my child's actions. I waive, release and hold harmless the Franklin County School System from all legal and financial responsibilities.
 - I understand that it is my responsibility to update any information contained in this form as needed to the ESP staff.
 - I was given the opportunity for an on-site visit prior to my child enrolling and give permission for my child to participate in the personal safety curriculum.
 - I have received, read, and understand the policies, procedures, and requirements of the Parent Handbook for Franklin County Schools Extended School Program.
 - I received the following documentation: Child Abuse Awareness information and the Tennessee Department of Education Summary of Child Care Approval Requirements.
 - I understand that all children enrolled in the program are expected to follow the rules established by ESP for the purpose of safety and smooth operation of the program. Refer to Discipline and the Rules of Conduct in the Parent Handbook.
- Furthermore, I give the staff of ESP permission to seek appropriate medical attention in the event of an emergency and grant treatment of my child by medical personnel if I am unable to be notified within a reasonable amount of time.**

Signature of responsible party: _____

Date: _____

Does your child have any behavior issues or disabilities that the ESP staff should be made aware of?
If yes, please specify: _____

Factors that determine if ESP can open and remain open:

- ❖ A site has met the required number of registrations/enrollments. (12)
- ❖ The site can maintain the required number of registrations/enrollments. (12)
- ❖ Child care fees must be paid on time prior to the week/month of service. Enrollment numbers drop when fees are not paid as children are not allowed to attend until the fees are paid for the week/month.
- ❖ A site must have enough qualified, trained staff available to work to meet the adult:child ratio mandated by the TN Department of Education.

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Fall 2026

ESP is offering after school child care only on days that Franklin County Schools are open. On these days' **ESP will operate Monday through Friday from 3:00 - 6:00 pm. ESP will not be open the three abbreviated days due decrease in need.**

ESP will not be open any day that school is not in session, holidays, professional development days, fall, winter, spring breaks, and closure or early dismissal for inclement weather.

***Any closure due to inclement weather will roll over as a credit for the next week/month if you had paid for your child to attend on a day that FC schools close due to weather conditions.**

Please select the days your child will be attending the ESP Program. The days must be the same each week. We must know the days you will need services in order to meet guidelines on the number of ESP staff required. Please note that payment will be due for the days you select on the Friday prior to the week of childcare service. And for the days your child is enrolled you must make payment even if your child does not attend. Hours of operation: 3:00 PM – 6:00 PM afternoon sessions.

Please select the days [specific days weekly or all 5 days weekly] for each child. Days must be the same for each week. No exceptions.

| Child's name | ESP Afternoon Session | Daily Fee | Select days your child/children will attend weekly by placing a <input type="checkbox"/> checkmark. Select specific days or all 5 days. | | | | | |
|--------------|--|-----------------------------------|---|------|-------|------|-------|------|
| 1 | 3:00 PM – 6:00 PM Regular school days | \$12 | ALL 5 DAYS Mon.-Fri. | Mon. | Tues. | Wed. | Thur. | Fri. |
| 2 | 3:00 PM – 6:00 PM Regular school days | \$10 each additional child | ALL 5 DAYS | Mon. | Tues. | Wed. | Thur. | Fri. |
| 3 | 3:00 PM – 6:00 PM Regular school days | \$8 each additional child | ALL 5 DAYS | Mon. | Tues. | Wed. | Thur. | Fri. |

CHANGES - If you need to make changes in the days of the week that your child attends ESP, **this change must be made in writing and at least one week in advance** of the next week's/month's payment due date. The changes should be made for a specific, valid reason. These changes must be reviewed and approved by the ESP Site Director. Changing attendance options is only allowed, pending availability, **ONE** time per semester. ESP is staffed based on your contracted attendance option. (Note - changes will not be approved for a child that needs to attend basketball practice. You will need to continue to pay child care fees to reserve your spot and maintain enrollment numbers. Or you may complete a Withdrawal Form and re-enroll if a spot is available at the end of the season and ESP maintains the required number to remain open.

Please add any special notes about days scheduled:

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When this registration form is completed and signed, this will indicate agreement with the ESP Handbook and policies. This is an agreement under contract with ESP to pay the fees on time weekly/monthly based upon this registration form until the end of the school year unless the child is properly withdrawn or suspended from the program. The completion of the Registration Form and Registration fee paid officially enrolls my child in Franklin County Schools Extended School Program.

I prefer to make tuition payments: _____ Weekly _____ Monthly

I agree to pay tuition fees each Friday prior to the week/month of child care service based on the days I selected and registered my child to attend above:

ESP Registration Contract

Parent Signature

Date