

Franklin County School System  
**2023-2024 Extended School Program Registration Contract Form**

1.8012.4 – Administrative Procedure

Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Check #: \_\_\_\_\_  
 (Registration fee of \$15 each child due at the time of registration – nonrefundable)  
**PLEASE PRINT LEGIBLY WITH DARK INK – THANK YOU**

<b>Child's Information (please complete 1 form per child)</b>			
Date:	School:		
Child's Full Name:	Grade:	Age:	Gender:
Name Child Prefers to be Called:	Date of Birth:		
<b>Parent Information</b>			
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 Custodial Parent? <small>If there are special circumstances involving visitation and pick up rights, you must provide the Site Director with legal documentation for these arrangements.</small>			
<b>Emergency Contact &amp; Transportation Information:</b>			
<small>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.</small>			
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)

Allergies or reaction to medicine, DPT, or insects	Hemophiliac (free bleeder)
Problems with skin rash	Frequent headaches
Trouble with eyes or sight	Fainting spells
Wears glasses, contacts or protective eye wear	Frequent urinary tract infections (bladder or kidney)
Frequent ear infections/tubes in ears	Seizures
Diabetes	Asthma/breathing problems
Abdominal (stomach) pain	Lung disease/shortness of breath
Problems with diarrhea/constipation	Frequent colds/upper respiratory infections
Eating disorder	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:** \_\_\_\_\_

## Statement of Understanding and Statement of Permissions

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- 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?  
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.

## Fall 2023

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 the need.

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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.

Afternoon session	Child's name	ESP Afternoon Session	Daily Fee	Select days your child/children will attend weekly by placing a ✓ checkmark. Select specific days or all 5 days.					
				Monday	Tuesday	Wednesday	Thursday	Friday	ALL 5 DAYS Mon.-Fri.
1		3:00 PM – 6:00 PM Regular school days	\$10						
2		3:00 PM – 6:00 PM Regular school days	\$8 each additional child						
3		3:00 PM – 6:00 PM Regular school days	\$8 each additional child						

**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 staffs 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:

When this registration form is completed and signed, this will indicate agreement with the ESP Handbook and policies. And 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

# Franklin County Schools

**Consent Form**

**4.407.2**

1 Name of Student: \_\_\_\_\_

2 Name of Parent/Guardian (if applicable): \_\_\_\_\_

3 Grade: \_\_\_\_\_ Name of Teacher: \_\_\_\_\_

4 I understand that my child's\* work (writings, drawings, etc.) may occasionally be published on the  
5 internet and newspaper. I give my permission to publish my child's\* work with identification as  
6 specified below.

7 Please circle "yes" or "no" for each of the following:

8 1. My child's\* work (writings, drawings, etc.) may be published on the internet and newspaper.  
9 Yes No

10 2. My child's\* first name (may include last name) may be used to identify his/her work.  
11 Yes No

12 3. My child's\* class (teacher/grade level/school) may be used to identify the work.  
13 Yes No

14 Additionally, photographs, videos or audio recordings, and/or webcasts are sometimes taken, or  
15 recorded at school or school related activities and may be included on the school and school system's  
16 web-site and other social media as well as newspaper.

17 Please circle "yes" or "no" for the following:

18 • My child's likeness and/or voice may be recorded and exhibited as still photographs, videos,  
19 webcasts, or other similar media, including other internet applications.  
20 Yes No

21 Please list any other restrictions you wish to include. \_\_\_\_\_

22 \_\_\_\_\_

23 \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Student Signature (if applicable)

\_\_\_\_\_  
Date

\* The student becomes an 'eligible student' when he/she reaches the age of eighteen (18), at which time all of the above rights become the student's right.

## Advance Notification of Absence/Withdrawal/Change

DATE: \_\_\_\_\_ ESP SITE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

CHILD(REN) NAMES: \_\_\_\_\_

**Advance Notification of Absence:** If your child will be absent for a week for vacation, please provide written notice one week in advance with the dates of the vacation. If you do not provide written notice at least one week in advance you will be charged for the week of vacation. Two weeks' vacation per year may be used without fees with the required Advance Notification. This advance notice shall apply to full weeks (Monday through Friday) only. The vacation week must be consecutive days and may not be broken into individual days.

My child(ren) will be absent for the full week(s) of:

**Withdrawal from ESP:** If you withdraw your child from the ESP program without advance notice of one week in advance, you will be charged for one week of absence, after that time we will not hold your child's spot in the program.

I am withdrawing my child(ren) from the Extended School Program.  
The last day my child(ren) will attend the program will be:

Last day attending ESP: \_\_\_\_\_

### Change in schedule

Please provide written notice one week in advance of the next week's/month's payment due date.  
Current days \_\_\_\_\_

Change to the following days of the week schedule

Reason for the change in days \_\_\_\_\_

Effective - beginning the week/month of \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date received: \_\_\_\_\_ Approved by ESP Site Director \_\_\_\_\_