

## 2025-2026 Extended School Program Registration Contract Form Franklin County Schools

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

### 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 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.

## Emergency Medical Permissions

### Fall 2025

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.

ESP will tentatively be open any day that school is not in session, holidays, professional development days, fall, winter, spring breaks. If schools are closed for early dismissal or inclement weather parents will be notified concerning closures.

\*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 att

end. Hours of operation: 3:00 PM - 6:00 PM Monday, Tuesday, Thursday, and Friday. Wednesday 2:30-6:00

Abbreviated days 10:00-6:00 Breaks and Staff development days 7:00-6:00

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.					
	1	3:00 PM - 6:00 PM Regular school days	\$10	Monday y	Tuesday y	Wednesday 2:30-6:00	Thursday y	Friday y	ALL 5 DAYS Mon.-Fri.
	2	3:00 PM - 6:00 PM Regular school days	\$8 each additional child	Monday y	Tuesday y	Wednesday 2:30-6:00	Thursday y	Friday y	ALL 5 DAYS
	3	3:00 PM - 6:00 PM Regular school days	\$8 each additional child	Monday y	Tuesday y	Wednesday 2:30-6:00	Thursday y	Friday y	ALL 5 DAYS

**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.

### 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 to :child ratio mandated by the TN Department of Education.

### 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  
Extended School Program Statement of Understanding

1.8012.5 - Administrative Procedure

ESP Statement of Understanding  
Franklin County Schools

Please read and initial:

1. ☐ My child has permission to participate in all ESP activities.
2. ☐ 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.
3. ☐ I understand that all children are expected to follow the rules of the ESP center.
4. ☐ I understand that all payments to the ESP must be made on the Friday prior to the week of service for a week/month in advance. If payment is not made children will not be allowed to attend ESP until the fees are paid in full with a \$10 late fee.
5. ☐ I understand to receive vacation credit I must notify the site director one week in advance by completing the "Advance Notification of Absence/Withdrawal" form.
6. ☐ I understand that I will assume all costs of injury to my child 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.
7. ☐ I will allow the use of my email to quickly receive updates when things change and to receive financial statements.  
Email: \_\_\_\_\_  
☐ I do not have an email account that can be used.
8. ☐ I will allow the use of my cell phone number's text messaging to quickly receive updates when things change.  
Cell phone number: \_\_\_\_\_  
☐ I do not have a cell phone please call my home phone: \_\_\_\_\_
9. ☐ I understand that it is my responsibility to update any information provided to the ESP staff.
10. ☐ I was given the opportunity for an on-site visit\* (limited to essential visitors only) prior to my child enrolling.
11. ☐ I give permission for my child to participate in the personal safety curriculum.
12. ☐ I have received the following: Parent Handbook with policies, procedures, and requirements of the Franklin County Schools Extended School Program.
13. ☐ I received the following documentation: Child Abuse Awareness information and the Tennessee Department of Education Summary of Child Care Approval Requirements.
14. ☐ I understand that I must come inside the ESP classroom to sign out my child upon pickup.

Child's name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of parent/guardian:

### Additional Days ESP is Open

Put an X by the dates your child will be participating in ESP. Each of these days will be \$20.00 because most of them are full days.

#### Staff development days, administrative days, and election days

\_\_\_\_ August 4    \_\_\_\_ August 7    \_\_\_\_ January 5    \_\_\_\_ May 5  
\_\_\_\_ May 22

#### Abbreviated Days ( 10:00AM to 6:00PM)

\_\_\_\_ December 19    \_\_\_\_ May 21

#### Fall Break

\_\_\_\_ October 6    \_\_\_\_ October 7    \_\_\_\_ October 8    \_\_\_\_ October 9  
\_\_\_\_ October 10

#### Thanksgiving (We will not be open November 27-28)

\_\_\_\_ November 24    \_\_\_\_ November 25    \_\_\_\_ November 26

#### Christmas (We will not be open December 24-26 and January 1-2.)

\_\_\_\_ Dec. 22    \_\_\_\_ Dec. 23    \_\_\_\_ Dec. 29    \_\_\_\_ Dec.30    \_\_\_\_ Dec. 31

#### We will not be open January 19 and February 16

#### Spring Break (We will be closed April 3)

\_\_\_\_ March 30    \_\_\_\_ March31    \_\_\_\_ April 1    \_\_\_\_ April 2

#### Summer ESP will begin May 26 (We will not be open May 25.)

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

## 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 \_\_\_\_\_

## ESP Emergency Medical Form

This information is required from the parent/guardian of a child/children enrolled in ESP should your child become ill and require medical attention by the ESP staff or EMT personnel and/or transportation to a local health care facility. The following information will be very helpful to the medical personnel:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's physician: name, address, phone \_\_\_\_\_

Is your child allergic to any medication or other item? \_\_\_\_\_ If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Explain other health conditions, which would be valuable, helpful information to medical personnel:

\_\_\_\_\_  
\_\_\_\_\_

In the event your child becomes ill or injured, every effort will be made to notify the parents. In case the parents cannot be reached, please provide the following information.

Name, relationship, and phone number of relatives or another person to contact in an emergency:

\_\_\_\_\_  
\_\_\_\_\_

### Insurance information:

Name of insured: \_\_\_\_\_ Carrier Name: \_\_\_\_\_

ID number: \_\_\_\_\_ Group number: \_\_\_\_\_

I understand by signing this, the ESP staff is granted permission to provide emergency treatment to my child. Additionally, EMTs or other medical personnel are granted permission to provide medical treatment as well.

Parent/Guardian's Signature Required: \_\_\_\_\_

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.