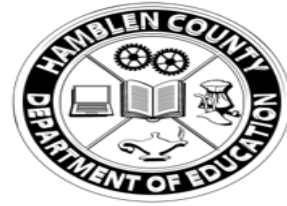




HAMBLEN COUNTY DEPARTMENT OF EDUCATION
 EXTENDED SCHOOL PROGRAM
 210 EAST MORRIS BOULEVARD
 MORRISTOWN, TN 37813
 PHONE (423) 581-3017 FAX (423) 585-3773



SUMMER PAYMENT PLAN AGREEMENT

CHILD'S NAME _____

SIBLING NAME _____

SCHOOL _____

SCHOOL _____

Grade Previously _____
 Completed

Grade Previously _____
 Completed

BY SIGNING BELOW, I AGREE WITH THE FOLLOWING STATEMENTS:

- * There is a \$7 registration fee per child. The cost per day is \$15 and \$10 per day for siblings.
- * I have received a copy of the ESP parent manual.
- * Payments are due weekly, and your child is subject to dismissal from the program after two weeks of non-payment.
- * Student accounts must be current in order to attend field trips.
- * I give permission for my child to be photographed.
- * authorize emergency medical care.
- * I have had the opportunity to ask questions and have them answered by the ESP staff.

 Signature of Parent or Guardian

 Date

SUMMER ESP will be open Tuesday, May 28th through Friday, July 26th from 6 AM to 6 PM
 We will be located at Lincoln Elementary. Breakfast, Lunch, and Snack will be provided.

THERE WILL BE ADDITIONAL FEES FOR FIELD TRIPS AND ACTIVITIES!!

Packets can be returned to the ESP site at your school or at Central Office rm 202.

Registration fees can be paid online at mypaymentsplus.com

HAMBLLEN COUNTY EXTENDED SCHOOL PROGRAM REGISTRATION FORM

Childs' Full Name _____ Birth Date _____

School _____ Grade _____

What name does your child like to be called _____

PARENT INFORMATION:

Mother's Name _____ Father's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

If paying by check, please include Driver's License # _____

Please list the names of adults who are authorizes to pick up your child:

Please list the names of any adult that is NOT authorized to pick up
your child:

Please list any food or drug allergies your child may have:

HAMBLEN COUNTY EXTENDED SCHOOL PROGRAM

EMERGENCY INFORMATION

In the event that your child should become ill or be injured while attending the Extended School Program, every effort will be made to notify the parents. In the event of an emergency, it is necessary to have the following information.

Names of relative or other person to contact in an emergency:

NAME	PHONE	RELATIONSHIP
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of physician: _____ **Phone** _____

Address: _____

_____ **Immunization record is on file at**

Child's Name

_____ **and is up to date.**

Name of School

Parent Signature

Date

HAMBLEN COUNTY EXTENDED SCHOOL PROGRAM

REGISTRATION FORM

HEALTH HISTORY

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Does your child have any allergies? If so, to what? _____

Does your child take any medications regularly? If so, what and when?

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem? _____

Has your child ever been hospitalized? If so, when and where?

Does your child have any recurring illness or health problems such as:

_____ Asthma _____ Diabetes _____ Seizure Disorder

_____ Heart Problems _____ Hearing _____ Vision _____ Speech

_____ Other (*please explain*) _____

Do you have any other concerns about your child's health? _____

HAMBLEN COUNTY EXTENDED SCHOOL PROGRAM

REGISTRATION FORM

HELPFUL INFORMATION

Is your child having any difficulties in school? If so, please explain

Does your child have trouble making friends? _____

How does your child get along with peers? _____

What are your child's hobbies and interest? _____

What does your child do when he/she is stressed, angry or frustrated?

Is there any other information that you wish to share that would assist us in meeting your child's needs? _____
