

Franklin County School System Extended School Program

**REGISTRATION FORM**

Date Of Admission:	School:
Child's Full Name:	
Name child prefers to be called:	Date of Birth:
<b>Parent Information:</b>	
Mother's Name:	Father's Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Place of employment:	Place of employment:
<b>Transportation Information:</b>	
To ensure the safety of your child, please list other adults to whom your child may be released or adults authorized to provide transportation for your child.	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
Please list any adult who is NOT AUTHORIZED to pick up your child.	
1. _____	
2. _____	
3. _____	
<b>Other Information:</b>	
Are immunizations current? Yes    No	
Please list any allergies of which the ESP staff should be aware.	
Name of Physician:	
Phone Number:	
Address:	

**Emergency Information:**

In the event that your child becomes ill, injured, or is not picked up by 6:00 p.m., every effort will be made to notify the parents. In case the parents cannot be reached, please provide the following information.

Name of relative or other person(s) to contact in an emergency:

Name:

Relationship:

Phone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

I do hereby authorize emergency medical care for my child if I cannot be contacted.

Parent Signature:

Date:

Please mark below the sessions your child will be attending.

School Session:

Afternoon: \_\_\_\_\_

Morning: \_\_\_\_\_

Both: \_\_\_\_\_

All week: \_\_\_\_\_

Only on specified days (please list days):

Days school is not in session:

Inservice: \_\_\_\_\_

Holidays: \_\_\_\_\_

Snow: \_\_\_\_\_

Breaks: \_\_\_\_\_

Summer Session:

All week: \_\_\_\_\_

Only on specified days (please list days):

Parent Signature:

Date: