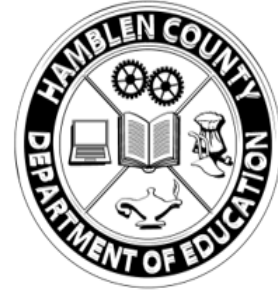




HAMBLEN COUNTY DEPARTMENT OF EDUCATION  
 EXTENDED SCHOOL PROGRAM  
 210 EAST MORRIS BOULEVARD  
 MORRISTOWN, TN 37813  
 PHONE (423) 581-3017 FAX (423) 585-3773



## PAYMENT PLAN AGREEMENT

CHILD'S NAME \_\_\_\_\_ SIBLING NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ SCHOOL \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

I CHOOSE THE FOLLOWING PLAN: **Please check the plan(s) of your choice**

- A) \_\_\_\_\_ FULL-TIME 4-5 days per week \*\$40
- B) \_\_\_\_\_ PART-TIME 2-3 days per week \*\$24
- C) \_\_\_\_\_ DROP-IN 4 days **per month** \$32
- D) \_\_\_\_\_ NON-SCHOOL DAYS \$15  
 (Fall Break, Winter Break, Spring Break, etc.  
 Fees are \$15 per day \$10 per day for sibling)
- E) \_\_\_\_\_ Early Dismissal Days **ONLY** Each Stay \$10  
 (This does not include Winter Break 11:15 dismissal)

**SIBLING DISCOUNT IS 50% OFF THE REGULAR RATE FOR FULL-TIME, PART-TIME, EARLY DISMISSAL, AND DROP-IN PLANS.**

**\* INDICATES WEEKLY PAYMENT PLAN**

# HAMBLEN COUNTY EXTENDED SCHOOL PROGRAM

## REGISTRATION FORM

**BY SIGNING BELOW, I AGREE WITH THE FOLLOWING STATEMENTS:**

- \* There is a \$7 registration fee per child.
- \* 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.
- \* I give permission for my child to be photographed.
- \* I authorize emergency medical care in the event of an emergency.
- \* I have had the opportunity to ask questions and have them answered by the ESP staff.
- \* I have received a copy of the summary of rules from the Standards of School-administered Child Care Chapter.

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Signature of Parent or Guardian

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Date

# HAMBLEN 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:**

<b>NAME</b>	<b>PHONE</b>	<b>RELATIONSHIP</b>
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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? \_\_\_\_\_

# HAMBLLEN COUNTY EXTENDED SCHOOL PROGRAM

## REGISTRATION FORM

### HELPFUL INFORMATION

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

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**Does your child have trouble making friends? \_\_\_\_\_**

**How does your child get along with peers? \_\_\_\_\_**

**What are your child's hobbies and interest? \_\_\_\_\_**

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

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

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