

Franklin County Schools  
Extended School Program Statement of Understanding

1.8012.5 - Administrative Procedure

Please read and initial:

1. \_\_\_ 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. \*No field trips
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 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.
5. \_\_\_ I understand to receive vacation credit I must notify the site director one week in advance by completing the "Advance Notification of Absence or Withdrawal" form.
6. \_\_\_ 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.
7. \_\_\_ I will allow the use of my email to quickly receive updates when things change and to receive financial statements.  
Email: \_\_\_\_\_  
OR  
\_\_\_ 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: \_\_\_\_\_  
OR  
\_\_\_ 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 and give permission for my child to participate in the personal safety curriculum.
11. \_\_\_ I have received the following: Parent Handbook with policies, procedures, and requirements of the Franklin County Schools Extended School Program and Guidelines – COVID-19.
12. \_\_\_ I received the following documentation: Child Abuse Awareness information and the Tennessee Department of Education Summary of Child Care Approval Requirements.
13. \_\_\_ I give consent for an ESP Staff member to sign in my child upon arrival and sign out my child when delivered to my vehicle curbside to minimize and limit direct contact with parents and staff.\* (to limit direct contact and transmission due to COVID-19)

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

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

\*due to COVID-19 some limits have been placed on activities and visitors/parents at the school.