

Franklin County School System  
**Extended School Program**  
**Registration Form**

Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Check #: \_\_\_\_\_

Date of Admission:	School:
Child's Full Name:	
Name Child Prefers to be Called:	Date of Birth:
Mother's Name:	Father's Name:
Mother's Address:	Father's Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Place of Employment and address:	Place of Employment and address:

**Transportation Information:**

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.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any adult who is NOT AUTHORIZED to pick up your child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Information:**

Are immunizations current? Yes \_\_\_ No \_\_\_

Please list any allergies or medical conditions of which the ESP staff should be aware:

Name of Physician:

Phone Number:

Address:

