

**Franklin County Schools**  
**Extended School Program Statement of Understanding**

Please read and initial:

1. \_\_\_ My child has permission to participate in all E.S.P. activities, including field trips and transportation services. The E.S.P. staff will notify parents of all field trips.
2. \_\_\_ I give permission for my child(ren) to be used in media releases that benefit the school or the school system.
3. \_\_\_ I understand that all children are expected to follow the rules of the E.S.P. 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 that illness credits will be given when students are absent two consecutive days for sickness.
6. \_\_\_ I understand to receive vacation credit I must notify the site director one week in advance.
7. \_\_\_ 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.
8. \_\_\_ I will allow the use of my email \_\_\_\_\_ to quickly provide updates when things change and to send out financial statements.
9. \_\_\_ I do not have an email account that can be used.
10. \_\_\_ I understand that it is my responsibility to update any information provided to the ESP.

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

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