

# The Franklin Academy After School Care Program

## Student Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Goes by: \_\_\_\_\_ Gender: M/F \_\_\_\_\_ DOB: \_\_\_\_\_

Homeroom Teacher (last year): \_\_\_\_\_ Grade: \_\_\_\_\_

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## Sibling Information (that currently attends FA):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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## Family Information:

### Parent(s)/Guardian(s) Name:

1. First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employer: \_\_\_\_\_ email: \_\_\_\_\_

2. First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employer: \_\_\_\_\_ email: \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION (other than listed above):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*\* NOTE: Emergency contact(s) need to be available between 3pm and 6pm. \*\***

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## MEDICAL INFORMATION:

In the space below, list any medical conditions that the After School Care Staff may need to know (allergies, asthma, heart problems, etc.) \_\_\_\_\_

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Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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## RELEASE INFORMATION:

The safety of all students is our number one priority. Therefore, if there is anyone who is specifically **NOT** allowed to pick up your child(ren) (due to custody or safety concerns), please provide that information below.

The following person(s) are **NOT** allowed to pick up my child(ren):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

In addition, we ask that anytime someone other than the persons listed as guardian(s)/emergency contact(s) pick up your child, you send a note, call the school office and leave a message for aftercare, or email the aftercare staff with this information. The aftercare staff will require a picture ID when picking up your child. Thank you for your cooperation in this matter.

**All information gathered is strictly CONFIDENTIAL.**

## ***Payment/Terms of participation***

- Participants are expected to sign up for PayPal payments no later than August 15, 2025
- If payment is not received by the close of the PayPal payment window and no arrangement has been made with the Franklin Academy Business Office prior to this time, you will be required to make other arrangements for the care of your child.
- ***Families with special circumstances must contact the Business Office directly at 919-453-5090, Ext. 105 or business@franklinacademy.org to make payment arrangements. Aftercare directors are not authorized to make such arrangements.***
- All student information forms, waiver and release agreements must be signed and returned prior to the (1st) first day of services.
- Services cannot be rendered until this contract is signed and returned. ***Student Conduct:***
- Students are expected to behave appropriately at all times in accordance with the Student Code of Conduct.
- Students who misbehave and/or violate the Student Code of Conduct will face the following disciplinary protocol:
  - First Offense: Written warning
  - Second Offense: Suspension with consideration of permanent removal from the aftercare program (length of suspension and removal from program determined at the discretion of administration)
  - Any subsequent offenses may result in immediate removal from the program once a suspension is issued
- School Administration reserves the right to immediately suspend and/or remove a student from the program for behavior that is particularly egregious, disruptive, or violent in nature without the issuance of a written warning.
- Please review the Student Code of Conduct found in The Franklin Academy Handbook with your child and explain that these rules apply not only during the day but in aftercare as well.
- The rules of aftercare apply equally to all students enrolled.
- Once a student is removed from the aftercare program, regardless of the grade, their removal is permanent and in effect for the duration of their enrollment at Franklin Academy.

### ***Pick-Up/Late Fees/Other Information:***

- Students must be picked up by 6:00 PM by a parent or an authorized individual. (Parents must notify Franklin Academy After School Care staff in writing if someone other than the parent will be picking up the student. (All individuals will be required to show a picture ID at pick up.) No child will be released without prior written approval.
- **Students that are picked up after 6:00 PM will be charged a minimum of \$5.00 and an additional \$1.00 per minute thereafter. These charges must be paid in cash to the aftercare staff when the student is picked up .**
- **Traffic, bad weather or other unforeseen circumstances does not waive of the late charge fees**

.By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions as set forth by the Franklin Academy Aftercare Program.

**Print Name (parent one)** \_\_\_\_\_

**(parent two)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# **The Franklin Academy After School Care Program**

## **Waiver and Release Agreement**

I, \_\_\_\_\_, (parent/guardian) hereby acknowledge that I am aware of the nature of this activity. My child is voluntarily participating in the Franklin Academy After School Care Program and any activities offered. I will provide any transportation to and from The Franklin Academy and assume all risk of injury that might result to my child. I hereby consent to hold The Franklin Academy After School Care Program and all of its staff members or agents free from any and all liability, claims, and other actions whatsoever arising from this activity in the Franklin Academy Afterschool Program. I further agree to release The Franklin Academy After School Care Program and all of its staff members, or agents, from any and all liability for any loss or theft of personal property. I also agree to waive all rights of subrogation.

In the event of any injury, illness, or other conditions that would require immediate medical assistance, I hereby consent to allow The Franklin Academy After School Care Program and all of its staff, members or agents to take such actions as necessary to contact and provide emergency and medical assistance. I hereby consent to assume all financial responsibility for such medical assistance.

I have carefully read this waiver and release agreement and fully understand it is a release of any and all liability, claims and other actions whatsoever. I understand that failure to sign this waiver and release agreement will prevent my child from participating in the activity and my payment will not be refunded.

Print Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Print Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Print Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_