



Franklin Children's School, Inc.
2019-2020 Application

Name: _____ Date of Birth: _____
Home Address: _____
Phone: _____
Email: _____
Allergies: _____

Please check one of the following:

_____ In-House _____ Alumni/Sibling _____ New to FCS/School

Parent/Guardian: _____	Parent/Guardian: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
Business Telephone: _____	Business Telephone: _____
Cell Phone: _____	Cell Phone: _____

Please list the names of two relatives or friends who can be reached in case of an emergency:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Please describe your child's previous school and/or recreational experiences:

Please list the names and ages of other children in your family:

Names of family members who have attended Franklin Children's School:

Other information you would like to share:

Parent Signature: _____ Date: _____

For office use only:

Application Date: _____ Registration Fee: _____