



Franklin Children's School  
2023-2024 Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Please check one of the following:

Current Student  Alumni/Sibling  New to FCS

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

Please list the names of two people 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: \_\_\_\_\_