



Franklin Children's School
2024-2025 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: _____