



Franklin Children's School
2022-2023 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: _____