

**Franklin Special School District MAC Program  
2022-2023 MAC Registration Form**

REGISTRATION FEE ATTACHED  
DATE PAYMENT RECEIVED:

RECEIVED BY:

\$35.00 Non-refundable registration fee charge per child. Please do not include payments with the registration fee.  
Please complete a separate registration form for each school site.

**CHILDREN TO BE ENROLLED:**

LAST NAME, FIRST NAME                      MALE/FEMALE                      SCHOOL                      GRADE                      DATE OF BIRTH

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have children been enrolled in MAC previously? If so, where? \_\_\_\_\_

Ethnicity (choose one) \_\_\_\_\_ Hispanic      \_\_\_\_\_ Not Hispanic, Latino or Spanish origin

Race (Choose all that apply) \_\_\_\_\_ American Indian/Alaskan Native      \_\_\_\_\_ Asian      \_\_\_\_\_ White

\_\_\_\_\_ Pacific Islander/Native Hawaiian      \_\_\_\_\_ Black/African American

**PARENT INFORMATION:**

PRIMARY PARENT/GUARDIAN: \_\_\_\_\_ Authorized Pick-Up: Yes      No

RELATION TO CHILD: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ If FSSD: FT \_\_\_\_\_ PT \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SECONDARY PARENT/GUARDIAN: \_\_\_\_\_ Authorized Pick-Up: Yes      No

RELATION TO CHILD: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ If FSSD: FT \_\_\_\_\_ PT \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**FOR CHILD'S SAFETY,  
LIST ALL PERSONS TO WHOM CHILD MAY BE RELEASED:**

**(DO NOT LEAVE BLANK)**

**NAME**

**PHONE**

**NAME**

**PHONE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST ALL PERSONS TO WHOM CHILD MAY NOT BE RELEASED: Parent must provide legal documentation to support this request if person listed is a parent of the child.**

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**EMERGENCY INFORMATION**

Name of person, other than parent, authorized to act for the parent in an emergency: **DO NOT LEAVE BLANK**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NAME OF CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Please list all allergies, medical, dietary, special needs, or any other health concerns that our MAC program may need to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICATION**

Please list all prescription medication that your child takes on a daily basis. We would like to be aware of any medicines your child takes to provide this information to medical personnel in case of an emergency. Please refer to the Parent Manual for details on dispensing of medication while in MAC.

NAME OF MEDICATION

DAILY DOSAGE

REASON PRESCRIBED

\_\_\_\_\_

\_\_\_\_\_

In the event of an emergency, I hereby give permission to MAC staff to secure proper medical treatment for my child if I cannot be reached, I hereby give permission for emergency personnel selected by MAC staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel selected by MAC staff to hospitalize, secure proper treatment for, and to order injection and/or surgery of my child.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Franklin Special School District  
Morning and After School Care Program (MAC)  
Parent Agreement Form**

Please **READ** and **INITIAL** beside each item: please **do not check or place an X**.

- \_\_\_\_ 1. My child has permission to participate in all MAC activities, including enrichment classes. I will be notified of all field trips through MAC communications, and sign a permission slip for my child to attend.
- \_\_\_\_ 2. I give permission to the Franklin Special School District and MAC for any photos or video footage of my child(ren) taken during the course of MAC to be used for educational, promotional or any other purpose benefitting Franklin Special School District and/or the MAC Program.
- \_\_\_\_ 3. It is my responsibility to provide health and/or medical care insurance on my child(ren) enrolled and participating in the program.
- \_\_\_\_ 4. In the event of an emergency and if I cannot be contacted on any phone number which I have provided in my child's registration, then I give permission to MAC personnel to obtain whatever medical treatment they deem necessary for my child. I waive, release and hold harmless the Franklin Special School District, MAC, their employees, volunteers and agents from all legal and financial responsibility and from all costs, injuries and/or other damages which might occur from the decision to provide medical treatment for my child(ren) and from the choice of the provider of the medical treatment by the MAC personnel.
- \_\_\_\_ 5. I understand that all children enrolled in the program are expected to follow the rules established by MAC for the purpose of safety and smooth operation of the program. If a discipline problem occurs, the Site Manager will contact me. The discipline procedures that will be followed are:
1. Verbal warning by child's staff person
  2. Removal from group (time out) that is developmentally age appropriate
  3. Written documentation of incident along with a meeting between child and Site Manager
  4. Parental notification
- Suspension from the program for one to five days or termination from the program can occur if inappropriate behavior is used. Refer to Behavior Policy on page 12 of parent manual.
- \_\_\_\_ 6. I understand that **all tuition payments must be made on Friday the week of services by 6:00 pm. If payment has not been made by Friday at 6:00 pm, a \$5.00 late charge will be applied to your account. Late fees will continue to accrue each week a balance is due.**
- \_\_\_\_ 7. I will keep MAC updated of any changes in work, cell, home and emergency contact phone numbers and email addresses.
- \_\_\_\_ 8. I understand my child or I may be asked to complete survey information regarding the program/classes for evaluation purposes, and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records and standardized test scores for evaluation purposes when needed.
- \_\_\_\_ 9. I received a copy of the Tennessee Department of Education Summary of Child Care Approval Requirements and information regarding recognizing child abuse in my parent manual.
- \_\_\_\_ 10. My child will be picked up by 6:00pm. I understand that a late fee of \$15.00 will be charged until 6:15 pm, and \$1.00 per minute thereafter.
- \_\_\_\_ 11. I understand that if MAC suspects any parent, guardian, or other authorized caretaker to be incapacitated, either mentally, physically, or emotionally; behaving in an irrational manner due to the influence of alcohol, drugs, or other substance, MAC reserves the right to call another authorized person to pick up the child.

The completion of the child information form enrolls my child in MAC. It is my responsibility to update the information contained in this form as needed. **I have received and read the MAC Parent Manual and agree to abide by all requirements. All fee options have been explained to me and I have been given the opportunity to ask any questions that I may have regarding the MAC Program.**

Signature of Parent/Guardian: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Franklin Special School District MAC PROGRAM

## 2022-23 Parent Contract

**Directions: Registration Fee: \$35 per child. Complete information in each section. This contract is only complete with initials in attendance section and signature.**

**List the name(s) of each child who will be attending MAC this school year.**

| Last Name, First Name | Grade | Date of Birth | School |
|-----------------------|-------|---------------|--------|
| 1. _____              | _____ | _____         | _____  |
| 2. _____              | _____ | _____         | _____  |
| 3. _____              | _____ | _____         | _____  |

**Select Your Weekly Attendance Option (ONLY SELECT ONE OPTION)**

|           |   | Per Child   | Initial |
|-----------|---|---|---------|
| AM Only   | 6:00 a.m. until school starts   | \$45/week (FES, JES, LES, MES)<br>\$40/Week (FIS)   | ( )     |
| PM Only   | From dismissal to 6:00 p.m.   | \$55/week (FES, JES, LES, MES)<br>\$60/week (FIS, FMS, PGS)   | ( )     |
| Full Time | A.M. and P.M. (6:00 a.m. until school starts & from dismissal to 6:00 p.m.) | \$70/week   | ( )     |
| Drop In   | A.M. and P.M. (No AM program for FMS/PGS)                                   | \$15/AM (FES, JES, LES, MES)<br>\$17/PM (FES, JES, LES, MES)<br>\$14/AM (FIS),<br>\$18 PM (FIS, FMS, PGS) | ( )     |

**\*Shaded rates are paid weekly regardless of student's attendance. A \$5 late fee will be charged to your account each week the balance due is over \$9 until the account is paid in full.**

Weekly charges still apply to all shortened weeks. Holiday closures will not result in a proration of weekly fees. Please see Parent Handbook regarding early dismissal and abbreviated days.

All scheduled breaks (fall, winter, spring, etc.) will require advance registration. Fees will be charged a daily rate of \$37 for the weeks listed below (contracted rate does not apply). \*Drop In and No Show fees will still apply as per our Parent Handbook if break registration is not received by required deadline.

**Fall Break: October 10-14, 2022**

**Thanksgiving Break: November 21-25, 2022**

**Winter Break: December 19, 2022- January 2, 2023**

**Spring Break: March 13-17, 2023**

**Sign Parent Agreement:**

By virtue of my initials above and my signature below, I hereby agree to the terms contained in the MAC Program's Parent Manual and the tuition charges. I understand all tuition payments must be made on the Friday the week of services, I also understand by virtue of this contract, I am bound to pay for all childcare services during the period of time stated above. Should I decide to leave the school or choose to otherwise end this contract, I may do so in writing one week prior to leaving, with that week being paid in full, my contract will be terminated. Should I end the contract, I understand I will need to re-register my child under a new contract along with the \$35 registration fee should I decide to re-enroll in the MAC program. I understand I can make ONE contract change throughout the school year and the new rate will be in effect for the remainder of the school year. I understand the MAC program may end the contract due to non-payment of tuition or other policy issues. Such issues will be addressed prior to termination of services. ALL FEE OPTIONS HAVE BEEN EXPLAINED TO ME AND I HAVE BEEN GIVEN AN OPPORTUNITY TO ASK ANY QUESTIONS I MAY HAVE REGARDING THE MAC PROGRAM.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAC OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REGISTRATION IS NOT COMPLETE UNTIL ALL OUTSTANDING BALANCES ARE PAID**