

ECFE Registration Form

Date Received: _____

Complete a separate registration form for each child.

Child Attending Class

First Name _____ Middle _____

Last Name _____

Birth Date _____ Male Female

Address _____

City _____ State _____ Zip Code _____

1. Parent/Guardian

First Name _____ Last Name _____

Address: _____

City _____ State _____ Zip Code _____

Birth Date _____ Cell Phone _____

E-mail Address _____

Male Female Relationship to child _____

2. Parent/Guardian

First Name _____ Last Name _____

Address: _____

City _____ State _____ Zip Code _____

Birth Date _____ Cell Phone _____

E-mail Address _____

Male Female Relationship to child _____

Name of adult attending class with child: _____

How did you learn about our program? _____

Are you interested in Volunteering? Yes No

Do you need Interpreter Assistance? Yes No

Does your child have any health/physical concerns that we need to be aware of? _____

Does your child have any food allergies? Yes No

If Yes, please list _____

Is your child receiving, or has your child in the past received, any Special Education services? Yes No

If yes, please list staff who have worked with your child?

What is the primary language spoken by your child? _____

REGISTRATION

Course Selection

1st Choice Class number _____ Fee _____

2nd Choice Class number _____ Fee _____

3rd Choice Class number _____ Fee _____

Credit Card Payment Information

Discover MasterCard VISA AmEx

Charge will appear as Osseo Area Schools

Card # _____

Expiration Date _____ 3-Digit Code _____

Name on card _____

Billing address if different _____

Other payment options:

Cash, Check, or electronic bank payments. Make checks payable to ISD 279. [Do not mail cash.]

Office Use: Date _____ Cash _____

Check # _____ Amount _____

Parent/Guardian Photo/Image Agreement

I understand my and/or my child's image may be used by the program in print, computer or electronic media, video or audio recording and film. If I wish to deny this I will follow the school Board Policy and Procedure 515 found on the district website www.district279.org

I have read and agree to the terms of the Photo/Image Agreement.

Minnesota Department of Education Questionnaire

The questions below are optional, however answers are strongly encouraged. The information from this data will help the Minnesota Department of Education identify communities served by this program. Data will be handled and protected by state and federal education data privacy laws.

1. Relationship to child

- Mother Father
 Mother's significant other Father's significant other
 Grandmother Grandfather
 Court Appointed Guardian

2. Your highest level of school completed. Mark only one.

- No school completed Career & Technical Education Certificate
 Preschool Associate's Degree
 Kindergarten Bachelor's Degree
 Grade: _____ Master's Degree
 High School Diploma/GED Ph. D.
 Some college but no degree Other

3. Your Date of Birth (Month/Day/Year) ____/____/____

4. What is your household's* yearly income (including farm income, child support/alimony, pension/retirement, disability, and unemployment and veterans benefits) before taxes, rounding to the nearest thousand?

\$ _____

*members of your household are anyone living with you and shares income and expenses, even if not related.

5. How many people lived in your home last year?

Choose one: 2 3 4 5 6 7 8

6. What is the primary race/ethnicity of your child?
