

EC&FE Registration Form

Complete a separate registration form for each child.

Child Attending Class

First Name _____ Middle Name _____

Last Name _____ Male Female

Birth Date _____

Address _____

City _____ Zip _____

1. Parent/Guardian First Name _____ Last Name _____

Address: _____

Birth Date _____ Cell Phone _____

E-mail Address _____

Male Female Relationship to child _____

2. Parent/Guardian First Name _____ Last Name _____

Address: _____

Birth Date _____ Cell Phone _____

E-mail Address _____

Male Female Relationship to child _____

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 or 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: _____

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

Please indicate whether you are the child's:

Mother Father Grandmother Grandfather
 Foster Mother Foster Father Guardian Other Relative

Your highest level of school completed (Mark only one):

Eighth grade 12th grade HS Diploma Some college-no degree
 Associate's Degree Bachelor's Degree Master's Degree Ph.D

Number of people in household (circle one): 2 3 4 5 6 7 8

What is your current job status?

Employed more than 25 hours per week
 Employed less than 25 hours per week
 Unemployed, seeking employment
 Unemployed, not seeking employment

What was your household's total yearly income, before taxes last year?
\$ _____

What is the primary language spoken by the child? (circle all that apply)

English Spanish Hmong Somali Vietnamese Karen Arabic
Russian Mandarin Laotian Oromo Cambodian Other: _____

What is the race/ethnicity of your child(ren)? (circle all that apply)

White Black/African/African American Hispanic or Latino Asian
Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native
Other, single race Other, two or more races

Date Received: _____

EC&FE Behavior & Photo Agreements

Behavior Plan for ECFE Classes

Having a foundation of basic social and emotional skills is critical to school readiness. At EC&FE we use positive behavior strategies to help children learn and practice appropriate behaviors, and we are committed to working with your child while they learn these skills.

If your child needs more support, we will partner with you to develop a guidance plan. In addition to teaching and learning, our role is to ensure a safe, secure classroom for all children and staff. If we are not able to agree on a plan your child may be dismissed from the program.

I have read and agree to the terms of the Behavior Plan Agreement.

Parent/Guardian Photo Agreement

I understand my and/or my child's photo may be used by the program. If I wish to deny this I will follow the school Board Policy and Procedure 515 found at the district website, www.district279.org.

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

Due at Time of Registration

- Registration form and immunization record
- Health forms (if applicable)
- Payment

Course Selection

1st Choice Class number _____ Fee _____

2nd Choice Class number _____ Fee _____

3rd Choice Class number _____ Fee _____

Do you need sibling care?

Yes No (If offered for your class choice)

If yes, complete a registration form and provide immunizations for each child in sibling care.

Sibling Care Fee _____ Class Fee _____

Total Fee _____

Credit Card Payment Information

Discover MasterCard VISA

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, Discover, MasterCard, VISA, or electronic bank payments. Make checks payable to ISD 279.

Office Use: Date _____ Cash _____

Check # _____ Amount _____