

Fill out entire form **COMPLETELY** and mail to:
 ECFE, 1599 Englewood Avenue, Saint Paul, MN 55104
 DO NOT include any additional forms or payment.
 Payment is due on the first day of class.

Date Received: _____
 (at ECFE)

Parents / Guardians Attending Class

Full Name	
Phone	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date
Email	
Address (include apartment #)	
City, State, Zip	
Race (check all that apply) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Full Name	
Phone	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date
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City, State, Zip	
Race (check all that apply) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Children Attending Class (please include expected children with due date as birth date)

First Name	Last Name	MI	Gender	Birth Date	Allergies	Special Needs (IEP, IFSP, etc.)
			F M			
			F M			
			F M			

Emergency Information for Parents / Guardians

Emergency Contact: _____	Relationship: _____	Phone #: _____
Emergency Contact: _____	Relationship: _____	Phone #: _____
Preferred Doctor: _____	Preferred Clinic or Hospital: _____	

Class Choice

Class Name	Location	Day	Time
1 st Choice			
2 nd Choice			

Payment Information

Based on the sliding fee scale on page 8, my family is able to pay \$ _

Payment is collected at the time of enrollment. Scholarships available. Refunds will be given through the third week of class.

Additional Questions (for the parent / guardian completing the form)

Would you like to receive text messages from ECFE? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of people in household: _____
What is your home language? _____	Do you need interpreter assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest level of school completed: <input type="checkbox"/> 8 th Grade <input type="checkbox"/> Some High School (no diploma) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Some College (no degree) <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	
Current job status: <input type="checkbox"/> Employed 25+ hrs/wk <input type="checkbox"/> Employed 1-25 hrs/wk <input type="checkbox"/> Unemployed, seeking <input type="checkbox"/> Unemployed, not seeking	