

Fill out entire form **COMPLETELY** and mail to:
 ECFE, 1599 Englewood Avenue, Saint Paul, MN 55104 or scan and
 email to ecfe@spps.org. Please call 651-793-5410 if you have any
 questions regarding this form.
DO NOT include any additional forms or payment.

Date Received: _____
 (at ECFE)

Parents / Guardians Attending Class

Full Name:	
Phone:	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date
Email (Required for distance learning)	
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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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.)

Emergency Information for Parents / Guardians

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

Class Choice

Class Name	Day of the Week (Mon, Tue, Wed or Thu)	Time of Day (Morning 9am-noon, Afternoon 1-4pm, Evening 6-9pm)
1 st Choice		
2 nd Choice		
Would you attend in person classes if available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location Preference (if any):

Payment Information

ECFE is not charging fees for distance learning at this time. If you would like to make a tax-deductible donation, please contact us at ecfe@spps.org or call 651-793-5410.

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	
Are you interesting in volunteering? <input type="checkbox"/> No <input type="checkbox"/> Classroom Volunteer <input type="checkbox"/> Advisory Council <input type="checkbox"/> Other:	
If ECFE classes are held in person, would you need transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	