

## How to Register

| ONLINE   | or | BY MAIL  | or | IN-PERSON  |
|--|----|--|----|--|
| <p>On a computer or phone visit <a href="http://WWW.SPPS.ORG/ECFE">WWW.SPPS.ORG/ECFE</a> and register online! This is the preferred way to register.</p>   |    | <p>Complete and mail your <b>REGISTRATION FORM</b> to: ECFE, 1599 Englewood Ave., Saint Paul, MN 55104</p> |    | <p>Bring your <b>REGISTRATION FORM</b> to: ECFE, 1599 Englewood Ave., Saint Paul, MN 55104</p> |
| <p>You will be notified by an email confirmation on whether you have been placed in a class or on a waiting list.</p> <p><b>Please email the following information to <a href="mailto:ecfe@spps.org">ecfe@spps.org</a> or bring on your first day of class:</b></p> <ul style="list-style-type: none"> <li>• Copy of your child's birth certificate (<i>if you are new to Saint Paul ECFE</i>)</li> <li>• Copy of your child's current immunizations</li> <li>• Student Information Form (<i>if you are new to Saint Paul ECFE</i>)</li> <li>• Payment (<i>if you have not paid online</i>)</li> </ul> |    |  |    |  |

**SUBMITTING A REGISTRATION FORM DOES NOT GUARANTEE A SPOT IN ANY CLASS.**

## Program Details Policies

- Registration opens June 1st.
- In-person registration is at Hamline Elementary. Please contact 651-793-5410 prior to visiting.
- The sliding fee scale to the right lists recommended fees. If you are in need of a scholarship, contact us and we will assist you.
- Classes run the entire school year unless otherwise specified.
- All adult participants must have a child age birth to kindergarten entrance.
- Refunds can be made through the third week of class.
- Participants may make tax-deductible donations to sponsor other participating families.
- Preference is given to families residing in Saint Paul. If space is available after the second week of class, families residing outside Saint Paul may enroll.
- No one is turned away for their inability to pay.
- Fees are collected upon registration for the **1st half of the year and on January 31, 2022 for the 2nd half of the year.\***
- **ECFE reserves the right to cancel classes with low enrollment. Schedules can be changed at any time.**

## Fees\*

*\*Fees: Collected two times (Upon registration for the 1st half of the year and on January 31, 2022 for the 2nd half of the year.)*

### Annual Family Income

|                           |       |
|---------------------------|-------|
| \$39,999 and lower .....  | \$0   |
| \$40,000 - 49,999 .....   | \$50  |
| \$50,000 - 59,999 .....   | \$75  |
| \$60,000 - 69,999 .....   | \$125 |
| \$70,000 - 79,999 .....   | \$150 |
| \$80,000 - 89,999 .....   | \$175 |
| \$90,000 - 99,999 .....   | \$200 |
| \$100,000 - 109,999 ..... | \$225 |
| \$110,000 - 119,999 ..... | \$250 |
| \$120,000 - 129,999 ..... | \$275 |
| \$130,000 - 169,999 ..... | \$325 |
| \$170,000 + .....         | \$375 |

# REGISTRATION FORM

Fill out the entire form and mail to: ECFE, 1599 Englewood Ave., Saint Paul, MN 55104 or scan and email to [ecfe@spps.org](mailto:ecfe@spps.org). Call 651-793-5410 with any questions.

## 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<br><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 |
| 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<br><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    |            |           |                                 |

## Class Choices

| Choice | Class Name | Site | Day of the Week | Time of Day |
|--------|------------|------|-----------------|-------------|
| 1      |            |      |                 |             |
| 2      |            |      |                 |             |

## 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 <sup>th</sup> Grade <input type="checkbox"/> Some High School (no diploma) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED<br><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 interested in volunteering? <input type="checkbox"/> No <input type="checkbox"/> Classroom Volunteer <input type="checkbox"/> Other: _____   |  |
| <b>Emergency Contact: NAME:</b> _____ <b>PHONE:</b> _____  |  |

## Payment Information

Payment is collected at the time of enrollment. Scholarships available. Refunds will be given through the third week of class. **No one is turned away due to the inability to pay.**

Based on the sliding fee scale on the back side of this page, my family is able to pay:

\$ \_\_\_\_\_



**EARLY CHILDHOOD  
FAMILY EDUCATION  
COMMUNITY EDUCATION**

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