

EC&FE Registration Form

Complete a separate form for each child.

Child Attending Class

First Name _____ Middle Name _____

Last Name _____ Male Female

Birth Date _____

Address _____ Apt _____

City _____ Zip _____

1. Parent/Guardian First Name _____ Last Name _____

Birth Date _____ Phone Number _____

Address _____ Apt _____

E-mail Address _____

Male Female Relationship to child _____

2. Parent/Guardian First Name _____ Last Name _____

Address _____ Apt _____

Birth Date _____ Phone Number _____

E-mail Address _____

Male Female Relationship to child _____

Name of Adult attending with child _____

Address _____

City _____ Zip _____

How did you learn about our program? _____

Has your child completed Early Childhood Screening? Yes No

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: _____

Behavior & Photo Agreements

Behavior Plan for Preschool & PreK 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.

ECFE Class

Class number _____ Fee _____

Registration Requirements:

- Class Fee
- Child Immunizations

3 to 5 Class

Class number _____ Fee _____

Registration Requirements:

- Class Fee
- Child Immunizations
- Child Certificate of Birth
- Household Proof of Income (if not Full Fee)
- On My Way To Kindergarten- Transportation

Address: _____

Payment

Cash, Check, Discover, MasterCard, VISA, or electronic bank payments are accepted.
Checks payable to ISD 279.

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 _____

Office Use: Date _____ Amount _____

Cash _____ Check _____