

ECFE Class Registration Form

Please fill out the form below to register for an ECFE class.

Parent Name: _____ Phone Number (H): (_____)_____-_____

Address: _____ Phone Number (C): (_____)_____-_____

City: _____ Zip Code: _____

E-mail Address: _____

Parent Education Level (circle one):

- * through 8th grade
- * High School Diploma
- * A.S. Degree
- * BA/BS Degree
- * MA/MS Degree
- * PH.D.

Parent Employment States (circle one):

- * Fulltime
- * Less than 25 hours/week
- * More than 25 hours / week.
- *Unemployed seeking employment
- *Unemployed not seeking employment

Child’s Full Name: _____ Child’s Gender: M F

Child’s Date of Birth:_____ Child’s Primary Language _____

Child’s Ethnicity (circle one):

- *Native American
- *Asian
- * African American
- * Hispanic
- * Pacific Islander
- *Caucasian
- * Latino

Class Choice: _____ Session (circle): Fall Winter Spring

Annual Household Income: \$_____ Number of People in Household: _____

Fee (from scale below): \$_____ ECFE Class Registration Fee

All families are welcome!
No one will be turned away from an ECFE parent/child class due to class fees.
If assistance is needed, please contact
Lisa Maschino at:
320-398-7700 X 2802
lisa.maschino@kimball.k12.mn.us

Class fees are per child / per class.
Make checks payable to ISD 739.

Family's Yearly Gross Income	Class Fee 4 Week Session Per Child	Class Fee 6 Week Session Per Child	Class Fee 8 Week Session Per Child
0 - \$15,000	\$8.00	\$10.00	\$15.00
\$15,001—\$25,000	\$15.00	\$20.00	\$25.00
\$25,001—\$35,000	\$20.00	\$30.00	\$35.00
\$35,001—\$50,000	\$25.00	\$40.00	\$50.00
\$50,001—\$75,000	\$30.00	\$45.00	\$60.00
\$75,001 +	\$40.00	\$60.00	\$75.00