

ECFE WINTER/SPRING REGISTRATION 2019

PARENT NAME: _____ HOME PHONE: _____
 ADDRESS: _____ CELL PHONE: _____
 SCHOOL DISTRICT: _____ E-MAIL: _____

FAMILY CLASSES

CLASS NUMBER winter & spring	DAY/TIME	CHILD NAME IN CLASS	DATE OF BIRTH	CHILD NAME SIBLING CARE	DATE OF BIRTH	CLASS FEE

Sibling care fee is \$18.00/child/session for 0-12 mo. classes
 Other classes per child/session \$16 Level 2-3 \$32 Level 4-5 \$40 Two Hour Class SIBLING CARE FEE _____

SPECIAL EVENTS

EVENT - NUMBER & TITLE	PARENT(S) ATTENDING	CHILDREN'S NAME	EVENT FEE

Payment: Cash Check # _____ Waived Fee Date Rec'd _____ **TOTAL FEE** _____
 Credit Card # _____ Credit Card (Visa, MC, Discover, AE)
 Signature _____ Expiration Date _____