

ECFE SUMMER REGISTRATION 2020

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

FAMILY CLASSES

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

Sibling care fee is \$16/child

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 _____