

## ECFE WINTER/SPRING 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 \_\_\_\_\_

### 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 \_\_\_\_\_