

# Early Childhood Family Education

## Preschool Registration Form

Robbinsdale Area Schools  
New Hope Learning Center  
8301 47<sup>th</sup> Avenue North  
New Hope, MN 55428  
763-504-4170



Please complete all information.

\*\*\*For office use only\*\*\*

Registration Date \_\_\_\_\_  
Date paid \_\_\_\_\_ \$ Paid \_\_\_\_\_  
 Check # \_\_\_\_\_  Credit Card  
 Scholarship Income Verification  TS Gold  
 FP  Q Y/N  Book  Staff  Campus  
Notes: \_\_\_\_\_

### What ECFE Preschool class are you registering for?

EF-C201 \_\_\_\_\_ EF-C202 \_\_\_\_\_ EF-C203 \_\_\_\_\_ EF-C204 \_\_\_\_\_

How did you hear about ECFE? \_\_\_\_\_ Is your child new to ECFE?  yes  no

Student's legal name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle Name to be called at school

Address \_\_\_\_\_  
Street Apt. # City Zip

Student's birth country \_\_\_\_\_ Home phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has your child completed Early Childhood Screening? Yes \_\_\_\_\_ Where? \_\_\_\_\_ No \_\_\_\_\_ If no, please call 763-504-4180 for an appointment.

### Adult #1 attending

Name (Last, first) \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail address \_\_\_\_\_

### Adult #2 attending

Name (Last, first) \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail address \_\_\_\_\_

### Child/ren in sibling care:

Children under 3 months stay with parents in class. At 3 months they are eligible for sibling care.

Child name (Last, first) \_\_\_\_\_  
Birthdate: \_\_\_\_\_

Child name (Last, first) \_\_\_\_\_  
Birthdate: \_\_\_\_\_

### Please mark the boxes that apply.

Tuition is an annual cost, divided into 9 equal payments.

- 2 days per week - \$199/month - \$1,791/year  
 2 evenings per week - \$128/month - \$1,152/year  
 3 days per week - \$274/month-\$2,466 year

Pay the full year up front and save 5% off the listed fee.

A non-refundable annual \$35 registration fee is due along with the registration form and the first month's tuition and Sibling Care fee.

- I need Sibling Care. Number of children \_\_\_\_\_  
Sibling care fee is: \$26 per child/month (evening class)  
\$34 per child/month (day classes)

### Fees:

1<sup>st</sup> month preschool fee \$ \_\_\_\_\_  
1<sup>st</sup> month sibling care fees \$ \_\_\_\_\_  
Preschool registration fee \$ \_\_\_\_\_ (non-refundable)  
Total due with registration \$ \_\_\_\_\_

Charge my (circle one): MC Visa Discover

### Account number

\_\_\_\_\_ Exp Date \_\_\_\_\_

Families may apply for free or reduced tuition, based on financial need. Please call the ECFE office at 763-504-4170 for more information.

Please continue on other side

**1. Please indicate whether you are this child's**

\_\_\_\_ Mother      \_\_\_\_ Father      \_\_\_\_ Grandmother      \_\_\_\_ Grandfather  
\_\_\_\_ Foster Mother      \_\_\_\_ Foster Father      \_\_\_\_ Guardian      \_\_\_\_ Other Relative

**2. What is the race/ethnicity of your child? – Please complete all questions (A, B, and C)**

<p><b>A. For state reporting purposes, please check the ONE response that best describes your child's primary racial/ethnic background:</b></p> <p>1. <input type="checkbox"/> American Indian or Alaska Native</p> <p>2. <input type="checkbox"/> Asian or Pacific Islander</p> <p>3. <input type="checkbox"/> Hispanic</p> <p>4. <input type="checkbox"/> Black, not of Hispanic origin</p> <p>5. <input type="checkbox"/> White, not of Hispanic origin</p>	<p><b>B. For federal reporting purposes, check ONE answer:</b></p> <p><b>Child's Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino      <input type="checkbox"/> NOT Hispanic or Latino</p> <hr/> <p><b>C. For federal reporting purposes, check ALL that apply:</b></p> <p><b>Child's Race:</b></p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p>
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**Parent Agreement for Participation in ECFE Preschool**

- I understand the tuition schedule and agree to make payments promptly.
- I agree to attend two parent-teacher conferences during this school year.
- My child will be toilet trained and not wearing pull-ups before starting in the program.
- My child and I will attend classes regularly and I will call the teacher to report absences.
- I will provide my child's immunization information before class begins.

Your child is registered when one month's tuition, \$35 non-refundable, and a completed registration form have been received and processed through the ECFE Office, NHLC, 8301 47<sup>th</sup> Avenue North, New Hope, MN 55428. **Make checks or money orders to District 281 – ECFE.** Cash payments are accepted at the ECFE office.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Early Childhood Family Education (ECFE) Parent Questionnaire**

**General Information:** If you choose to voluntarily answer the questions, your information will be used by your local school district and the MN Department of Education for program planning and evaluation in line with state and federal data privacy practices. Again, only aggregated information will be published. Thank you for your help in improving public services!

**1. Your highest level of school completed. Mark only one.**

\_\_\_\_ Eighth grade      \_\_\_\_ Associate's Degree  
\_\_\_\_ 12<sup>th</sup> grade      \_\_\_\_ Bachelor's Degree  
\_\_\_\_ High School Diploma      \_\_\_\_ Master's Degree  
\_\_\_\_ Some college, but no degree      \_\_\_\_ Ph. D.

**2. Your Date of Birth** (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

**3. Your current job status. Mark only one.**

\_\_\_\_ Employed, more than 25 hours per week      \_\_\_\_ Employed, less than 25 hours per week  
\_\_\_\_ Unemployed, seeking employment      \_\_\_\_ Unemployed, not seeking employment

**4. What are your primary home languages? (check all that apply)**

\_\_\_ English    \_\_\_ Spanish    \_\_\_ Hmong    \_\_\_ Somali    \_\_\_ Vietnamese    \_\_\_ Karen    \_\_\_ Arabic  
\_\_\_ Russian    \_\_\_ Mandarin    \_\_\_ Laotian    \_\_\_ Oromo    \_\_\_ Cambodian    Other: \_\_\_\_\_

**5. What was your household's total yearly income, before taxes last year, rounding to the nearest thousand? \$ \_\_\_\_\_**

**6. How many people were in your household last year? Circle one.**    1    2    3    4    5    6    7    8