

## ECFE FALL REGISTRATION 2023

PARENTS 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 \_\_\_\_\_