

ECFE Registration ~ FALL/WINTER 2025

1. Complete form below. Indicate the children attending Classes or Events.
2. **Include fee (check payable to ECFE).** Please notify the office staff if you are in need of a waiver.
3. Mail registration to: Colvill Family Center, 269 E. 5th St., Red Wing, MN 55066
4. Phone in registration at 651/385-8000.
5. **Mail or Fax immunizations to Colvill at 651/385-4780.**
6. You will be notified **ONLY** if a class is full or cancelled.
7. Please note the Student/Parent Illness information on page 2.

Parent/s Name: _____ Home #: _____ Cell # _____

Address: _____ Email (required): _____

Method of Payment:

_____ Check _____ Cash (no cash through the mail) _____ Fee Waiver (I cannot afford to pay)

_____ Visa _____ MC _____ Disc _____ Name on Card _____

Card # _____ - _____ - _____ - _____ Exp. Date: ____/____/____ Code _____

Cardholder Signature: _____

_____ Child's South Country Alliance ID#: _____ (does not cover Special Events)

Parent/Adult Attending Class: _____ Phone Number _____

Child's Full Legal Name: _____ Birth Date: _____ Gender: M/F

Child's Full Legal Name: _____ Birth Date: _____ Gender: M/F

<u>Class/Event #</u>	<u>Class/Event Title</u>	<u>Child/ren Attending</u>	<u>Fee</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****If the lottery drawing does not include you, do you have another class choice?** _____

Publicity Permission/Denial

Registering for an ECFE class allows the Red Wing School District to include your child's photo in newspaper, radio or TV publicity/marketing unless you sign below.

I do **NOT** give permission for my child's photo to be used.

Parent's Signature/Date (Please sign only if you are declining use of pictures.)

