

**CHOKIO-ALBERTA ECFE REGISTRATION**  
**(PARENT/CHILD FAMILY CLASSES)**  
**Registration is Due in the C-A office by September 2nd.**

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child(ren)'s Name(s) enrolling in ECFE Class(es):

\_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Infants/Tots (Birth to 36 months) Wednesday's- Sept. 9th- 30th - 6:00 to 7:00 p.m.

\_\_\_\_\_ Family Class (Children 3 to 5 yrs) Wednesday's Oct. 7th -28<sup>th</sup>- 6:00 to 7:00 p.m.

**SIBLING CARE:**

Child(ren's) Name & Age:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Class They Need Care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fees for Parent/Child Classes:**

\$15.00 For Infant/Tots Family Class \_\_\_\_\_

\$15.00 For 3-5 year old Family Class \_\_\_\_\_

Total Fees For Classes: \_\_\_\_\_

**Send To: Kim Marty  
Chokio-Alberta Public Schools  
311 First Street West, Box 68  
Chokio, MN 56221**

**Please call me with any questions at 324-7131. If I'm not there leave a message and I will return your call as quickly as possible.**