

2011 - 2012 Saint Paul Public Schools Early Childhood Family Education

CLASS APPLICATIONS MUST BE POSTMARKED OR SUBMITTED ONLINE BY AUGUST 12, 2011

CLASS APPLICATION

Please list all parents and children who will attend class.

Parent(s) Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ Apt: _____ City: _____ Zip Code: _____

E-mail Address: _____

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Site Location Class/Title Day Time

First Choice: _____

Second Choice: _____

Third Choice: _____

* Have you ever attended Saint Paul ECFE before?

yes no

* If yes, are you currently an officer on one of the Parent Advisory Councils? yes no

* To plan for staffing, are you planning on adding to your family by 1/1/12? yes no

* How did you learn about ECFE?

friend direct mail neighborhood news

ECSE hospital other

Has your 3 or 4 year old child been to early childhood screening?

yes no

* Does your child receive special education services?

IFSP IIIP IEP Other: _____

* Service Provider (if known) _____

DO NOT send any forms or fees with this application.
Mail to: ECFE Class Application
1845 Sheridan Avenue
Saint Paul, MN 55116
Or register online at: ecfe.spps.org