

Kimball Area ECFE Class Registration Form

Please fill out the form below to register for an ECFE class.

Guardian Name(s): _____ Cell Phone: _____

Address: _____ Cell Phone: _____

City: _____ Zip Code: _____

E-mail Address: _____

Parent Education Level (circle one): • Through 8th Grade • High School • Associate Degree
• Bachelor's Degree • Master's Degree • Doctorate Degree

Parent Employment Status (circle one): • Full-time • Less than 25 hours/week • More than 25 hours/week
• Unemployed, seeking employment • Unemployed, not seeking employment

Child's Full Name: _____ Child's Gender (circle one): Male Female

Child's Date of Birth: _____ Child's Primary Language: _____

Child's Ethnicity (circle one):

• Native American • Asian • African American • Hispanic • Pacific Islander • Caucasian • Latino

Class Choice: _____ Session (circle): Fall Winter Spring

Annual Household Income: \$ _____ Number of people in Household: _____

Class Fee (from scale below): \$ _____

Kimball ECFE Sliding Fee Scale

ECFE Class Registration Fee

Family's Yearly Gross Income	Class Fee 8 Week Session Per Child	Fee for Addit'l Child
\$0.00-\$19,999.99	\$20.00	\$6.00
\$20,000-\$39,999.99	\$30.00	\$7.00
\$40,000-\$59,999.99	\$50.00	\$8.00
\$60,000-\$79,999.99	\$70.00	\$9.00
\$80,000-\$99,999.99	\$90.00	\$10.00
\$100,000.00+	\$115.00	\$11.00

All families are welcome!
No one will be turned away from an ECFE parent/child class due to financial challenges. If assistance is needed, please contact Kate Simon at 320-398-7700 X 2802 or email: kate.simon@kimball.k12.mn.us.

Class fees are per child/per class or session.
Make checks payable to Kimball Schools ISD 739.

Thank you, we look forward to seeing your family in class.