

Kimball Area ECFE Class Registration Form

Please fill out the form below to register for an ECFE class or 9-week session.

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 (circle): Morning (9-10:30 am) or Evening (6-7:15 pm) Session (circle): Fall Winter/Spring

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

Session Fee (from scale below): \$ _____

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

Kimball ECFE Sliding Fee Scale

Family's Yearly Gross Income	Fee for 9-Week Session Per Child	Fee for Addit'l Child
\$0.00-\$39,999.99	FREE	FREE
\$40,000-\$80,000	\$20.00	\$10.00
\$80,001 and above	\$40.00	\$15.00



ECFE Class Fees

All families are welcome at ECFE!
No one will be turned away from an ECFE parent/child class due to financial challenges. If financial assistance is needed, please contact Celest Stang at 320-398-7700 X 1112 or email: celest.stang@kimball.k12.mn.us.

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

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