

Registration

Registration Lottery

June 4, 2018

A registration drawing for all 1 to 31 week classes will be held June 4. You will not be charged for your class or Sibling Care fees until after the lottery is held. Charges will appear as Osseo Area Schools. After the lottery, registration continues year round until classes fill. Fees will be adjusted based on the date your child starts class.

Selecting A Class

- ◆ Registration for Infants 0-12 months is based on the age of the child at the start date of each class.
- ◆ Registration for children 12 months and older is based on the age of the child as of September 1, 2018.

Online Registration:

osseo.ce.eleyo.com

1. Click on **Sign In** in the upper right hand corner.
2. Enter your user name and password or, select **Create Account**.
3. Create family profile including family members and relationship.

Once you have an account

4. Follow prompts to select your classes. Credit or debit card and online bank payment are accepted.
5. Send immunizations to: ecfe@district279.org

Course Confirmation

A confirmation and payment receipt will be emailed to you once you are placed in a class.

In Person or Mail Registration

Complete a separate form for each child. Cash, Check, Discover, MasterCard, VISA, or electronic bank payments are accepted. (Please do not mail cash.) Make checks payable to ISD 279.

Mail or drop off your completed form, payment and immunization record at either of our Early Childhood Center locations.

Arbor View Early Childhood Center

9401 Fernbrook Lane N
Maple Grove, MN 55369
763-391-8777

Willow Lane Early Childhood Center

7020 Perry Avenue N
Brooklyn Center, MN 55429
763-585-7330

Early Childhood Family Education (ECFE) Fee

Select the correct yearly family income level and number of weeks the class meets to determine fee.

The number of sessions a class meets is designated by the course number. For example: 15-1100A is a 15 week class, 6-1513W is a 6 week class. If a family taking a 15 week class has an annual income of \$37,000. The fee is \$108 for the class + \$77 for each child in Sibling Care.

All families are welcome. Monthly payment options are available for 28+ week classes. No one will be denied participation due to inability to pay.

Class Fees

Annual Income	2 week	3 week	4 week	5 week	6 week	7 week	8 week	13 week	14 week	15 week	16 week	29 week	30 week	31 week	Practice Preschool
\$115,000 +	\$20	\$29	\$39	\$51	\$87	\$101	\$115	\$188	\$202	\$216	\$230	\$410	\$422	\$432	\$674
\$90-114,999	\$18	\$26	\$35	\$47	\$74	\$87	\$99	\$161	\$173	\$185	\$197	\$348	\$360	\$371	\$586
\$75-89,999	\$16	\$23	\$31	\$43	\$62	\$72	\$82	\$134	\$144	\$154	\$165	\$287	\$298	\$306	\$465
\$50-74,999	\$14	\$20	\$27	\$37	\$56	\$58	\$66	\$107	\$115	\$124	\$133	\$225	\$238	\$241	\$411
\$35-49,999	\$12	\$17	\$23	\$32	\$43	\$51	\$58	\$94	\$101	\$108	\$110	\$196	\$206	\$211	\$330
\$20-34,999	\$10	\$14	\$19	\$25	\$34	\$38	\$45	\$73	\$78	\$84	\$89	\$151	\$158	\$164	\$229
\$00-19,999	\$8	\$11	\$15	\$18	\$19	\$22	\$25	\$40	\$43	\$46	\$49	\$77	\$82	\$86	\$148

Sibling Care Fees

Annual Income	1 week	2 week	3 week	4 week	5 week	6 week	7 week	8 week	13 week	14 week	15 week	16 week	29 week	30 week	31 week	Practice Preschool
\$115,000 +	\$10	\$19	\$28	\$37	\$46	\$55	\$65	\$74	\$121	\$130	\$139	\$148	\$260	\$268	\$276	\$348
\$90-114,999	\$9	\$17	\$25	\$33	\$41	\$49	\$58	\$66	\$107	\$115	\$124	\$133	\$231	\$238	\$245	\$302
\$75-89,999	\$8	\$15	\$22	\$29	\$36	\$43	\$50	\$58	\$94	\$101	\$108	\$113	\$200	\$206	\$212	\$257
\$50-74,999	\$7	\$13	\$19	\$27	\$31	\$37	\$43	\$49	\$80	\$86	\$93	\$99	\$171	\$176	\$182	\$212
\$35-49,999	\$6	\$11	\$16	\$21	\$26	\$31	\$36	\$41	\$67	\$72	\$77	\$81	\$140	\$144	\$149	\$167
\$20-34,999	\$5	\$9	\$13	\$17	\$21	\$25	\$29	\$33	\$54	\$58	\$62	\$66	\$111	\$114	\$118	\$121
\$00-19,999	\$4	\$7	\$10	\$13	\$16	\$19	\$22	\$25	\$40	\$43	\$46	\$50	\$79	\$82	\$85	\$76

EC&FE Registration Form

Date Received: _____

Complete a separate registration form for each child registered for an EC&FE class or Sibling Care.

Payment, copy of immunization record, and health forms (if needed) must be submitted at the time of registration.

Child Attending Class

First Name _____ Middle Name _____

Last Name _____ Male Female

Birth Date _____

Address _____

City _____ Zip _____

1. Parent/Guardian First Name _____ Last Name _____

Address: _____

Birth Date _____ Cell Phone _____

E-mail Address _____

Male Female Relationship to child _____

2. Parent/Guardian First Name _____ Last Name _____

Address: _____

Birth Date _____ Cell Phone _____

E-mail Address _____

Male Female Relationship to child _____

Adult attending class with child: _____

How did you learn about our program? _____

Are you interested in Volunteering? Yes No

Do you need Interpreter Assistance? Yes No

Does your child have any health or physical concerns that we need to be aware of? _____

Does your child have any food allergies? Yes No

If Yes, please list _____

Is your child receiving, or has your child in the past received, any Special Education services? Yes No

If yes, please list staff who have worked with your child: _____

The questions below are optional, however answers are strongly encouraged. The information from this data will help the Minnesota Department of Education. Data will be handled and protected by state and federal education data privacy laws.

Please indicate whether you are the child's:

Mother Father Grandmother Grandfather
 Foster Mother Foster Father Guardian Other Relative

Your highest level of school completed (Mark only one):

Eighth grade 12th grade HS Diploma Some college-no degree
 Associate's Degree Bachelor's Degree Master's Degree Ph.D

Number of people in household (circle one): 2 3 4 5 6 7 8

What is your current job status?

Employed more than 25 hours per week
 Employed less than 25 hours per week
 Unemployed, seeking employment
 Unemployed, not seeking employment

What was your household's total yearly income, before taxes last year?
\$ _____

What is the primary language spoken by the child? (circle all that apply)

English Spanish Hmong Somali Vietnamese Karen Arabic
Russian Mandarin Laotian Oromo Cambodian Other: _____

What is the race/ethnicity of your child(ren)? (circle all that apply)

White Black/African/African American Hispanic or Latino Asian
Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native
Other, single race Other, two or more races

EC&FE Behavior & Photo Agreements

Behavior Plan for EC&FE Classes

Having a foundation of basic social and emotional skills is critical to school readiness. At EC&FE we use positive behavior strategies to help children learn and practice appropriate behaviors, and we are committed to working with your child while they learn these skills.

If your child needs more support, we will partner with you to develop a guidance plan. In addition to teaching and learning, our role is to ensure a safe, secure classroom for all children and staff. If we are not able to agree on a plan your child may be dismissed from the program.

I have read and agree to the terms of the Behavior Plan Agreement.

Parent/Guardian Photo Agreement

I understand my and/or my child's photo may be used by the program. If I wish to deny this I will follow the school Board Policy and Procedure 515 found at the district website, www.district279.org.

I have read and agree to the terms of the Photo Agreement.

Course Selection

1st Choice Class number _____ Fee _____

2nd Choice Class number _____ Fee _____

3rd Choice Class number _____ Fee _____

Do you need sibling care?

Yes No (If offered for your class choice)

If yes, complete a registration form and provide immunizations for each child in sibling care.

Sibling Care Fee _____ Class Fee _____

Total Fee _____

Payment is due at time of registration

Cash, Check, Discover, MasterCard, VISA, or electronic bank payments are accepted.

Make checks payable to ISD 279.

Credit Card Payment Information

Discover MasterCard VISA

Charge will appear as Osseo Area Schools

Card # _____

Expiration Date _____ 3-Digit Code _____

Name on card _____

Billing address if different _____

Office Use: Date _____ Cash _____

Check # _____ Amount _____

Email immunizations to:
ecfe@district279.org