

Date\_\_\_\_\_

## ECFE Registration Form

Attending Parent(s) Names \_\_\_\_\_

Children's names	M/F	Birthdate	Allergies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address and Phone number

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

E-Mail\_\_\_\_\_

Photo Permission

\_\_\_I **do** give permission for my child to be in photographs and video for use in the classroom, website, yearbook, newspaper and Facebook.

\_\_\_I **do not** give permission for my child to be in photographs and video for use in the classroom, website, yearbook, newspaper and Facebook.

\_\_\_\_\_  
Parent Signature

Return or mail to      Early Childhood Program  
                                 115 S Fremont St  
                                 Lewiston, MN 55952