



## PART 1: TEACHER/GROUP REGISTRATION FORM

**Fargo Education Day**

Tuesday, April 21, 2026

Wednesday, April 22, 2026

Location: Microsoft Campus

Registration Opens: 3/4/26

Registration Closes: 4/8/26

### SPECIAL NOTES:

- This form is used to collect information on school and teachers
- Use Fillable Form when filling out ALL forms
- Fill in ALL contact information for ALL participating teacher's
- Continue onto Parts 2 – 4 (5 where applicable)
- Funding is available for ND Public Schools for supplies purchased for projects
- Direct all questions to 1-855-434-5437 (toll free) or 701-242-7744 or email [secretary@mfknd.org](mailto:secretary@mfknd.org)

### CONTACT INFORMATION – PLEASE FILL OUT EVERY FIELD

NAME OF SCHOOL/ORGANIZATION:

|  |
|--|
|  |
|--|

SCHOOL/ORGANIZATION MAILING ADDRESS/POSTAL ADDRESS (WHERE YOU WANT YOUR PACKAGE MAILED):

|         |      |    |          |
|---------|------|----|----------|
| ADDRESS | CITY | ST | ZIP CODE |
|         |      |    |          |

CONTACT PERSON: THIS PERSON RESPONSIBLE FOR DISTRIBUTION OF MAILED INFORMATION WEEK BEFORE ED DAY

|                                                                                                                       |       |                                                                 |                     |
|-----------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------|---------------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | NAME: | Relationship to Classroom<br>(Teacher, Principal, Parent, Etc.) | GRADE               |
| EMAIL ADDRESS:                                                                                                        |       | TELEPHONE (Daytime)                                             | TELEPHONE (Evening) |

### CLASSROOM TEACHERS INCLUDED IN THIS REGISTRATION

(Use an additional page, if necessary. We need every participating teacher's information!)

|                                                                                                                             |               |       |                      |                      |
|-----------------------------------------------------------------------------------------------------------------------------|---------------|-------|----------------------|----------------------|
| NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | EMAIL ADDRESS | Grade | Telephone (Daytime): | Telephone (Evening): |
|                                                                                                                             |               |       |                      |                      |
| NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | EMAIL ADDRESS | Grade | Telephone (Daytime): | Telephone (Evening): |
|                                                                                                                             |               |       |                      |                      |
| NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | EMAIL ADDRESS | Grade | Telephone (Daytime): | Telephone (Evening): |
|                                                                                                                             |               |       |                      |                      |
| NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | EMAIL ADDRESS | Grade | Telephone (Daytime): | Telephone (Evening): |
|                                                                                                                             |               |       |                      |                      |
| NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | EMAIL ADDRESS | Grade | Telephone (Daytime): | Telephone (Evening): |
|                                                                                                                             |               |       |                      |                      |

### PLEASE ANSWER THE FOLLOWING QUESTIONS

|                             |  |                                 |  |                                 |  |                                 |  |
|-----------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|
| Number of Project Students: |  | Number of Non-Project Students: |  | Number Teachers/<br>Chaperones: |  | Total Number of<br>Registrants: |  |
|-----------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|

### HOW TO SUBMIT REGISTRATION

After filling out Part 1, Complete Part 2 – 4 and 5 where applicable, return all parts by:

|                                                                                        |                                                            |
|----------------------------------------------------------------------------------------|------------------------------------------------------------|
| EMAIL (Preferred Method): <a href="mailto:secretary@mfknd.org">secretary@mfknd.org</a> | MAIL: Marketplace for Kids – PO Box 9 – Mantador, ND 58058 |
|----------------------------------------------------------------------------------------|------------------------------------------------------------|