



ASHAR Early Childhood

Early Drop-off / Aftercare Registration

Father's Name _____ Mother's Name _____

Child's First Name _____ Child's Last Name _____

Grade: _____ Home Phone # _____

Cell # (Father) _____ Cell # (Mother) _____

Email (Father) _____ Email (Mother) _____

✚ Emergency Contact Name: _____

Home # _____ Cell # _____

_____ Early drop-off, 8:00-9:00 AM; **\$100/Month**

_____ Aftercare, 3:00-4:00 PM; **\$100/Month**

_____ Early drop-off & Aftercare, **\$200/Month**

_____ Add fee to my FACTS account

_____ Payment by check

**Return completed form to Mrs. Jacqueline Borgen*

Parent Name (Please Print)

Parent Signature

Date