

WASHOUGAL SCHOOL DISTRICT

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September 2009

Dear Washougal School District Parent/Guardian:

Washougal Community Education & Recreation is proud to offer the **SPACE** Program – **Safe Place Activities CEnter** - to Washougal School District students. **SPACE** is a before and after school program with locations at Hathaway and Gause Schools serving students grade K-5th and preschool children (age 3+ and fully potty-trained).

Hours of operation are 6:00AM until the start of school and after school until 6:00PM Monday through Friday. Students have enrichment activities, homework help, recreation opportunities, quiet time, and nutritious meals and snacks.

The Hathaway Program is located in Portable B and serves students from Hathaway and Cape Horn-Skye. Bussing is available before and after school for Cape Horn-Skye students. The Gause Program is located in Portable P-2.

The **SPACE** rates are \$5.40 per hour and \$4.70 per hour for each additional sibling attending on the same day. Charges are assessed to the half-hour with a one-hour minimum. Prepayment is required. Days of attendance are scheduled with drop-ins allowed on a space available basis.

If you are planning to attend, please complete the Registration and Scheduled Attendance Days forms and return them to our office located at Hathaway School (Portable D), or mail them to: WCER, P.O. Box 559, Washougal, WA 98671. Confirmation of your registration is required before attending.

If you have questions about the **SPACE** Program, please contact Lisa Young at 954-3895 or lisa.young@washougal.k12.wa.us.

We look forward to providing an enriching, safe and socially interactive experience for your child(ren)!

Washougal Community Education & Recreation - Information/Medical Form

Office Use Only: SPACE School _____ Start Date _____ Mon: AM _____ PM _____ Tues: AM _____ PM _____ Wed: AM _____ PM _____ Thurs: AM _____ PM _____ Fri: AM _____ PM _____	Office Use Only: Preschool School _____ Monday Tuesday Thursday Friday AM PM Start Date _____ Bus # Home _____ Comments: _____
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Child's Name _____ School _____ Grade _____ Date of Birth _____

Child's Name _____ School _____ Grade _____ Date of Birth _____

Mother Info: Name _____ Home Phone _____ Work Phone _____
Address _____

Father Info: Name _____ Home Phone _____ Work Phone _____
Address _____

Name(s) of other persons authorized to pick up your child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Does this child have any allergies to food, etc.? _____

Does this child have any physical limitations? _____

If your child needs prescribed medication, arrangements must be made with the Extended Learning Manager, 954-3895.

VIDEO VIEWING RELEASE: Participants may view videos. Selections are the same as viewed at school and are educational in an entertainment format. Parental permission is required for your child to view videos.

Signature _____

MEDICAL RELEASE: I give permission for staff to seek emergency medical treatment for my child.

Name of Child's Physician _____ Phone Number _____

Address _____

Emergency Contact Person (if you cannot be reached) _____

Home Phone Number _____ Cell Phone Number _____

Address _____

Please state any other information you feel would help us work with your child _____

I understand that the Washougal Community Education Program does not provide insurance to their participants. I certify that my child is physically and mentally able to participate in this program. I, intending to be legally bound, waive and release all rights and claims for damages which may accrue against any and all sponsors of this program.

Signature _____ **Date** _____