After School Kids
2022-2023

Supervised Before and After School Care for K-5 Children Enrolled at La Center Elementary School

Our mission at the ASK Program is to provide a safe and enriching environment. In ASK we strive to inspire and empower kids while aligning with the school’s social, educational and safety policies.

Contact Information
ask@lacenterschools.org

or

Co-Directors – Linda Dorman & Sarah Scott
Location: 700 E. 4th Street – La Center, WA 98629
(360) 263-2134, ext. 3117

For billing questions please contact Julie McKee at (360) 263-2131, ext. 2103
La Center ASK Program

The ASK program is intended for students attending La Center Elementary School in grades K-5. Older brothers/sisters are not allowed, even on a drop-in basis.

HOURS:
Program hours are 7:00 a.m. until the start of school (Morning Session) and 3:00-6:00 p.m. (Afternoon Session). Afternoon Session is 11:30-6:00 p.m. on early release days. When the start of school is delayed or released early due to inclement weather or emergencies, the ASK program will not be available. Parents must make alternate plans.

FEES:
Services are charged via time blocks per child. Morning session fee is $6.00 and afternoon session fee is $12.00. The afternoon session fee on early release days is $24.00. If a child is in attendance with the program for less than 10 minutes, there will be no charge to their account for that time. A $25.00 non-refundable registration/supply fee is required when a child is enrolled. Families must fill out a new enrollment form annually.

PAYMENT:
Payments are due 10 days from the statement date. Payments can be made via check or online payment. Checks can be dropped off in either the elementary or district office.

ONLINE PAYMENTS:
To make an online payment, log onto the La Center School District website and select the Payments tab at the top. Login using your Skyward username and password.
Select the student name (if more than one student in the family is enrolled, payments must be made separately)
Then follow these steps:
Shop: Items at all schools
School type: Alternative
School: A.S.K. Program
Categories: ASK payments
Select ASK Payments, enter QTY 1 and enter the amount to be paid. Click the buy button. Then go to your cart to check out and pay.

Accounts 10 days past due will result in your child being suspended from attending the ASK program until the account is paid in full. There will be a $1.00 per minute overtime charge for children not picked up by 6:00 p.m. This charge will be added to the account. If your child is not picked up 30 minutes after the program ends and ASK staff are unable to contact the parent or an authorized emergency person, then Child Protective Services will be contacted to pick up your child. Please make sure emergency contact names and phone numbers are up-to-date with ASK associates

SIGN IN/SIGN OUT PROCEDURES:
Parents/Guardians will sign children into the program during the morning session. Additionally, it will be the responsibility of parents/guardians or other authorized adults to sign children out of care for the afternoon session. It is important that all persons who pick up your child(ren) are authorized to do so via the registration form and have a picture ID to show staff.

DISCIPLINE:
The ASK program operates on a three-strike policy. A strike will be issued when a student is a danger to themselves or others, destroys property, is disruptive, does not follow instructions or is disrespectful to others. When a student receives a strike, the family will be notified at pick-up and an email will be sent detailing the violation. Conferences can be arranged at the request of the family regarding any incident warranting a strike. Upon receipt of three strikes, the student will no longer be allowed to participate in the program for the remainder of the school year. An additional week of care will be offered for families to make alternative care plans. In cases of severe misconduct, the ASK program reserves the right to immediately exclude a student without enforcing the three-strike policy.

I have read the above guidelines and payment structure and agree to these conditions.

Parent/Guardian Signature ___________________________________________ Date ___________________________
La Center School District No. 101
700 E 4th Street/PO Box 1810
La Center, WA 98629
Phone: 360.836.9538/Fax: 360.263.2133

La Center ASK Program Registration

Date: ___________________ Returning Student: ☐ Yes ☐ No School Entry Date: ___________________

Student’s Last Name: ___________________ First: ___________________ Middle: ___________________

Birth Date: ___________________ Grade Level: _________ Student’s Teacher: ___________________

Gender _______ Pronouns _______________ Parent/Guardian Home/Primary Phone: ___________________

Ethnic Origin (Optional): ☐ A-Asian ☐ B-Black ☐ H-Hispanic ☐ I-American Indian ☐ W-White Other:__________

Student Lives With: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Agency ☐ Guardian ☐ Mother/Stepfather ☐
Father/Stepmother ☐ Grandparents ☐ Other________________________

Parent/Guardian #1
Last Name: ___________________ First Name: ___________________ Email: ___________________

Work Phone: ___________________ Ext: ___________ Cell Phone:_________________________

Parent/Guardian #2
Last Name: ___________________ First Name: ___________________ Email: ___________________

Work Phone: ___________________ Ext: ___________ Cell Phone:_________________________

Street Address: ___________________ City: ___________________ Zip Code:_______________

Mailing Address (If different):_____________________ City: ___________________ Zip Code:_________

Emergency Contact/Pick Up Person #1 (Other than parents):
Phone #: ___________________ Relationship:______________________________

Emergency Contact/Pick Up Person #2 (Other than parents):
Phone #: ___________________ Relationship:______________________________

Child may also be picked up by the following adults/relationship:

Has this student ever been enrolled in a special program? ☐ Yes ☐ No
If yes, please indicate which program:
☐ Reading ☐ Math ☐ Resource Room ☐ Speech ☐ Other______________________________

Medical Concerns: ___________________ Medications at school:________________________

Food Allergies: ___________________

Days of week child will attend: Morning sessions ☐ M ☐ T ☐ W ☐ Th ☐ F
Afternoon sessions ☐ M ☐ T ☐ W ☐ Th ☐ F

I understand that I am voluntarily engaging in activities offered by La Center ASK Program and in so doing assume all risk
of injury, illness, damage, or loss that may be associated with such activity.

Signature: ___________________ Date: ___________________
FIELD TRIP PERMISSION SLIP

La Center ASK Program

_________________________________________________________________________ has my permission to visit . . . .

(student’s first and last name)

· La Center Library
· La Center Park
· La Center WetLands
· La Center Police Station
· La Center Fire Station
· Any place within walking distance from La Center Elementary

As parents, we fully understand the added responsibility of students participating in additional activities and we will not hold the district or the ASK program responsible for added liability.

Please note: La Center School District ASK staff cannot be responsible for the safekeeping of personal items brought by students on field trips. As personal valuables can be lost or stolen, please monitor what items your student may be taking to school.

__________________________________________
Signature of parent or guardian/ date