

La Center School District No. 101
725 Highland Road/PO Box 1840
La Center, WA 99629
Phone: 360.263.2131/Fax: 360.263.1140

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: _____

Sex: Male Female Parent/Guardian Home Phone: _____

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

Student Lives With: 1-Both Parents 2-Mother Only 3-Father Only 5-Agency 6-Guardian

7-Mother/Stepfather 8-Father/Stepmother 9-Stepfather/Stepmother Grandparents

Parent/Guardian #1

Last Name: _____ First Name: _____

Work Phone: _____ Ext: _____ Pager/Cell Phone: _____

Parent/Guardian #2

Last Name: _____ First Name: _____

Work Phone: _____ Ext: _____ Pager/Cell Phone: _____

Mailing Address: _____ City: _____ Zip Code: _____

Street Address (If different): _____ City: _____ Zip Code: _____

Emergency Contact Person #1 (Other than parents): _____

Phone #: _____ Relationship: _____

Emergency Contact Person #2 (Other than parents): _____

Phone #: _____ Relationship: _____

Has student ever been enrolled in a special program? Yes No

If yes, please indicate which program:

Resource Room Tutorial Reading Tutorial Math Speech Other

Medical Concerns: _____ Medications: _____

Food Allergies:

Child may be picked up by the following adults/relationships: _____

Days child will attend: _____ Times child will attend: _____

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/Relationship to Child: _____ Date: _____