



1900 MARIETTA ST — TEXARKANA, AR 71854
 DIRECTOR: LAURA MCDOWELL
 PHONE: 430-455-HERO(4376)
 EMAIL: lmcdowell@wearewashington.org

BUS FORM

WASHINGTON COMMUNITY DEVELOPMENT CENTER

Monday- Friday 3:30pm-7:30pm
Saturday: 10:00am-4:00pm

We Are Washington is a community based outreach program formed by the 501(c)(3) I Am a Hero, Inc. The program was founded to help people come together and enlighten their minds. As the founder would like to say the community owns Washington so "We are Washington", which means YOU are Washington, Your KIDS are Washington, the entire COMMUNITY is Washington. Our mission is to help those in the community improve their lives by creating awareness for both children and adults and funding/supporting the needs of families residing in the community by utilizing the center as a hub for classes, programs, and community events.

THE PROGRAM IS FOR...

- STUDENTS WHO HAVE A PLACE TO GO AND LEARN AFTER SCHOOL.
- T ASD PARENTS MAY CONTACT THE T ASD TRANSPORTATION TO REQUEST THAT THEIR STUDENT BE DROPPED OFF AT A BUS STOP LOCATION NEAR THE CENTER. (LIMITED SEATS AVAILABLE)
- PARENTS WILL BE RESPONSIBLE FOR PICKING UP THEIR CHILD(REN) by 7:30PM.

THE PROGRAM WILL PROVIDE...

- A NUTRITIOUS MEAL WILL BE PROVIDED TO ALL PARTICIPATING STUDENTS AT NO CHARGE.
- THE REC CENTER AND LIBRARY IS AVAILABLE FOR USE ALONG WITH MANY CLASSES DAILY TO ATTEND.
- STUDENTS MUST HAVE WRITTEN PARENTAL APPROVAL, ON FILE, TO PARTICIPATE IN THIS PROGRAM. PLEASE VISIT WWW.WEAREWASHINGTON.ORG TO REGISTER YOUR CHILD.

THIS ORGANIZATION AND ITS ACTIVITIES ARE NOT RELATED TO OR SPONSORED BY THE TEXARKANA ARKANSAS SCHOOL DISTRICT.

PARENT/GUARDIAN'S NAME: _____

STUDENT'S NAME: _____ STUDENT ID # _____

SCHOOL'S NAME: _____ GRADE: _____

CURRENT DROPOFF ADDRESS: _____ CITY: _____
 STATE: _____

PHONE NUMBER: _____ ZIP CODE: _____

ARE YOU A CURRENT BUS RIDER?: _____ IF SO, WHAT ROUTE/BUS # _____

ARE YOU A CAR RIDER THAT WISHES TO RIDE THE BUS TO WCDC? _____

 BY SIGNING BELOW, YOU GIVE PERMISSION FOR YOUR CHILD STATED ABOVE TO BE DROPPED OFF AT WASHINGTON COMMUNITY DEVELOPMENT CENTER.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Return to Washington staff who will get it to T ASD