



AASD Columbus Elementary Summer School and Appleton Bilingual School Summer School

Fully In-Person Offerings with Safety Precautions

June 10-July 3 (No class June 19) 8:30-11:30

8:30-11:30

School Site Coordinator: Robert McInnes mcinnesrobert@asd.k12.wi.us

Registration will be conducted online

Please see the following website for more information. www.aasd.k12.wi.us/families/summer_school_information

Columbus/ ABS In-Person Summer Schedule

8:00-8:30 Breakfast (Free breakfast will be provided)

8:30-11:30 Summer School Classes

11:30-12:15 Lunch (Free lunch will be provided)

11:30-5:30 Boys and Girls Club Program

Boys and Girls Club Program Costs: To enroll, Contact: 920-470-1581

Splash into summer with these exciting adventures!

Week 1: Underwater Week

Week 2: Experiment/Camping Week

Week 3: Outer space Week

Week 4: Sports Week

Students will go deeper into the curriculum from the previous school year, participating in enriching math, reading, writing, science, social studies, technology, physical education, music and art activities. Students will be enrolled in the Appleton Public Library Reading Program upon enrolling in the summer school program!

8:30AM - 11:30AM

Class (Grade level) (cost)

Kindergarten Here I Come (entering 5K in the fall) (\$15)

First Grade Here I Come (entering 1st Grade in the fall) (\$15)

Second Grade (entering Grade 2 in the fall) (\$15)

Third Grade (entering Grade 3 in the fall) (\$15)

Fourth Grade (entering Grade 4 in the fall) (\$15)

Fifth Grade (entering Grade 5 in the fall) (\$15)

Students register for the grade they will be entering next fall



**AASD Appleton Bilingual School
and Columbus Elementary Summer School**
Ofertas totalmente presenciales con precauciones de seguridad
10 de junio al 3 de julio (no hay clases 6/19)
8: 30-11: 30

Coordinadora del sitio escolar: Robert McInnes mcinnesrobert@asd.k12.wi.us

inscripción se realizará en línea!

Consulte el siguiente sitio web para obtener más información. www.asd.k12.wi.us/families/summer_school_information

Horario de verano de ABS/ Columbus

8: 00-8: 30 Desayuno (Se proporcionará desayuno gratis)

8: 30-11: 30 Clases de la escuela de verano

11: 30-12: 15 Almuerzo (Se brindará almuerzo gratis)

11: 30-5: 30 Programa del club de niños y niñas

Costos del programa Boys and Girls Club: Para inscribirse, comuníquese con: 920-470-1581

Estamos muy contentos de presentar nuestros planes para la escuela de verano en ABS!

Cada semana, los estudiantes profundizarán en el plan de estudios de ABS del año escolar anterior, participando en actividades enriquecedoras de matemáticas, lectura, escritura, ciencias, estudios sociales, tecnología, educación física y música y arte. La mayor parte de la instrucción diaria será en español. Los maestros usarán el inglés para ampliar conceptos y desarrollar habilidades bilingües.

CUÉNTAME MÁS...

*Todos los estudiantes son bienvenidos, ¡no importa a dónde vayan a la escuela! Sin embargo, la instrucción primaria será en español. Se recomienda encarecidamente la fluidez básica en español para los estudiantes que ingresan a primer, segundo y tercer grado.

* Los estudiantes permanecen con sus compañeros de nivel de grado. Regístrese para el grado que su hijo **ESTARÁ EN EL PRÓXIMO AÑO ESCOLAR.**

* La tarifa de inscripción para la Escuela de Verano de Columbus es de \$ 15 por estudiante, no se cobran tarifas para aquellos que califican para almuerzo gratis o reducido.

* ¡El verano está ocupado! Si su hijo no puede acompañarnos todos los días, pídale que asista cuando pueda; ¡nos encantaría tener a todos! Aunque anticipamos que ocurrirán ausencias, también debemos saber cuándo. Asegúrese de informarnos de las ausencias llamando al 832-6232. ¡Necesitamos saber que todos los niños están a salvo!



Appleton Area School District Summer School Registration

Please complete only if you are NOT using online registration!

Please turn in your registration form at the school you want your child to attend.

Student Name _____ Gender ___M___F Date Of Birth _____

Address _____ Apt # _____ City _____ Zip _____

My child is currently attending _____ Elementary school. Grade next Fall _____

EMERGENCY INFORMATION

In case of absence or emergency, the number to call *first* to contact a legal guardian between 8:30am-11:30am is: _____.

Parent/Guardian Name _____

Phone # _____ E-mail Address _____

Parent/Guardian Name _____

Phone # _____ E-mail Address _____

Does this student have an IEP, Building Intervention Plan, or 504 Plan? ___Yes ___No (If yes, please explain): _____

According to WI Dept of Public Instruction, summer school classes are not tailored to implement a student's IEP.

Special Health Concerns/Medical Diagnoses: _____

Will your child have medications at summer school? Yes _____ No _____

If so, please provide the name of the medication(s): _____

Reason for Medication(s) _____

Time(s) medication is administered: Routine/Daily _____

As Needed _____ Emergency _____

(Please bring any medications to the site coordinator on the first day of summer school.)

Class choice 8:30-11:30: ___Columbus classroom ___Appleton Bilingual classroom

Additions: Extended Day- Summer School B.O.O.S.T through the Boys and Girls Club Yes or No

You will be notified if your child is not able to participate in the classes you requested. If you'd like a confirmation of classes, please include a self-addressed stamped envelope.

All Appleton School District policies for the regular academic school year regarding dress, behavior and school safety are in effect during Summer School. If you would like a copy of these policies, please contact the Summer School office.

I hereby authorize summer school personnel to obtain emergency medical care for my child if needed.

Parent/Guardian Signature _____

Questions? Call the Summer School office at 920-852-5332 ext. 60350

Office use only: Registration received on ___/___/___, Amount paid \$_____ Cash or Check # _____



Appleton Area School District Summer School Registration

Hoja de inscripciones para la escuela del verano

Nombre de estudiante _____ Sexo Hombre Mujer
 Fecha de nacimiento _____ Dirección _____ Apt # _____
 Ciudad _____ Código Postal _____
 Teléfono _____ Grado entrando en el año 2024 _____

¿Actualmente su hijo/a asiste a una escuela de Appleton?
 Sí, actualmente mi hijo/a asiste a la escuela _____.
 No, mi hijo/a asiste a una escuela en el distrito de _____

INFORMACION DE EMERGENCIA

En caso de ausencia o emergencia, el numero al que debe llamar primero para ponerse en contacto con un tutor legal entre las 8:30-11:30 es: _____.

Nombre de Madre _____
 Número de tel. en el día _____ Dirección de correo electrónico _____
 Nombre de Padre _____
 Número de tel. en el día _____ Dirección de correo electrónico _____

¿Tiene este alumno un IEP, Plan de Intervención, o un plan 504? Sí No (Si es que sí, favor de explicar): _____

(Según las pólizas del Departamento de Educación, no es necesaria que las clases de verano sean adoptadas a las necesidades del IEP)

Pólizas: Todas las pólizas del distrito escolar de Appleton que mantienen durante el año escolar en relación a vestuario, comportamiento y seguridad de la escuela también se aplican durante las clases de la escuela del verano. Si quiere una copia de estas pólizas, favor de pedirselas a la oficina de la escuela de verano.

¿Tendrá su hijo/a administrado medicamento en la escuela de verano? Sí No
 Si es que sí, provee el nombre del medicamento(s): _____
 Razón para administrar el medicamento: _____
 Hora(s) de administración del medicamento: Diariamente _____
 Cuando sea necesario _____ De emergencia _____
 (Favor de traer cualquier medicamento al coordinador del sitio de escuela de verano)

Adiciones: Día Extendido - Escuela de Verano B.O.O.S.T a través del Club de Niños y Niñas Sí or No

Por medio de la presente, autorizo al personal de la escuela de verano a obtener atención médica para mi hijo/a si es que surge esta necesidad.

Firma de Padre/Apoderado _____

Favor de entregar la hoja de inscripción a la escuela que quiere que su hijo/a asista. Aceptaran las inscripciones en el de su escuela y hasta (y incluyendo) el primer día de clases de verano. Es importante que se inscriban lo más pronto posible porque las clases con inscripción mínima serán canceladas en mayo. ¿Preguntas? Llame al número 920-852-5332 ext.60350.

Office use only: Registration received on ___/___/___, Amount paid \$_____ Cash or Check #_____

Summer B.O.O.S.T.

Building Outstanding Opportunities for Students Together

A DPI funded ESSER grant-based collaboration between the AASD and the Boys & Girls Clubs of the Fox Valley

Participating schools: Badger, Classical, Columbus, Edison, Foster, Highlands, Houdini, Huntley, Einstein, Kaleidoscope, Madison, and Wilson

Grades: Students entering 1st - 9th grades next fall

Dates: June 10th -July 19th (No school on 6/19, 7/4, 7/5)

Purpose: Provide opportunities for academic instruction and enrichment to help students practice their reading and math skills during summer. It will deliver targeted curriculum and academic programs to prevent summer learning loss. Staff will provide daily opportunities for socialization, structured enrichment activities designed to engage students with one another and adult mentoring to increase students' feelings of connectedness to peers. Staff will also provide weekly social emotional learning programs to assist students in developing stronger self-regulation skills and maintaining positive, productive relationships with peers, parents, and teachers.

During the Summer School Session: June 10th -July 3rd (No school on 6/19)

Badger, Columbus, Edison, Foster, Highlands, Kaleidoscope, Madison:

Students will enroll in summer school classes at the school site and attend the Boys & Girls Club after-care program at that school site. Guardians will pick their student(s) up by 5:30 pm.

Classical, Houdini, Huntley, Einstein, and Wilson:

Students will enroll in summer school classes at the school site. Students will then be bussed free of charge to another location for lunch and afternoon programming through the Boys & Girls Club. Guardians will pick up their student(s) at their determined location by 5:30 pm. Specific location information will be provided before programming begins, but may include Badger, Columbus, Edison, Foster, Highlands, Kaleidoscope or Madison.

After the Summer School Session: July 8th -19th

Badger, Columbus, Edison, Foster Highlands, Kaleidoscope, Madison:

Students will attend the 2-week program from 8:00 am-5:30 pm daily at their home school site. Guardians will pick their student(s) up by 5:30 pm.

Classical, Houdini, Huntley, Einstein, and Wilson:

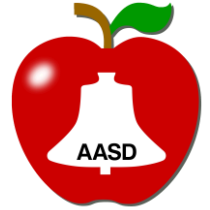
Students will attend the 2-week program from 8:00 am-5:30 pm daily at another school site. A bus will pick students up at their home school site at 8:00am. Guardians will pick their student(s) up at the designated location by 5:30 pm. Specific location information will be provided before programming begins, but may include Badger, Columbus, Edison, Foster, Highlands, Kaleidoscope or Madison.

Additional information:

- Students must register for summer school classes and the B.O.O.S.T program at one of the participating schools: www.aasd.k12.wi.us/families/summer_school_information
- Guardians will then be contacted by the Boys & Girls Clubs of the Fox Valley for additional information.
- Information on B.O.O.S.T programming curriculum can be found at: <https://www.bgclubfoxvalley.org/>
- Registration for the 2-week BOOST program is free of charge
- Summer Food service will provide free meals at most sites for the 6 weeks
- If your student attends a different school site and you'd like more information, please contact kadolphkarrie@asd.k12.wi.us or 852-5332 ext. 60350.



**ABS/Columbus Elementary School
APPLETON AREA SCHOOL DISTRICT**



**PARENTAL/LEGAL GUARDIAN CONSENT, WAIVER AND RELEASE
FORM FOR FIELD TRIPS AND EXTRACURRICULAR TRIPS**

I, as parent or guardian of _____, do hereby grant permission and consent for my child to participate in the Appleton Public Library Reading Program. I understand this means that contact information will be given to the APL. I also give permission in the following field trip or extracurricular trip:

Destination: Appleton Public Library

Date: 6/12-7/7 (not 6/19 or 7/4) Departure Time: 8:30am Return Time: 11:30am

Cost: *free

Purpose/Curriculum Connection: To be able to walk with teacher and class to the library during summer school.

PERMISSION AND CONSENT

In granting such permission and consent, I:

1. Acknowledge and assume full responsibility for any and all damage to person or property caused by our child during such activity.
2. Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents, and employees during such activity.
3. Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.

WAIVER AND RELEASE OF LIABILITY

In consideration for the participation of the above-named student in the field trip described, we, the student and parent(s) or guardian(s), each agree to the following:

1. The student's participation in the field trip or event described is entirely voluntary and is not a mandatory part of the school's curriculum;
2. We **RELEASE FROM LIABILITY AND WAIVE OUR RIGHT TO SUE** the Appleton Area School District and its administrators, directors, employees, school board members, teachers, chaperones, supervisors, volunteers and drivers (collectively "AASD"), **FOR ALL CLAIMS OR DAMAGES**, we separately or collectively may have, **FOR PERSONAL INJURY, BODILY HARM, INJURY TO OR LOSS OF PROPERTY, EMOTIONAL INJURY OR LOSS OF CONSORTIUM**, that may occur at or traveling to or from the event due to the negligence of AASD. We understand that we are not releasing AASD from liability for claims or damages arising from any reckless or intentional act of AASD;
3. We understand that this **WAIVER AND RELEASE** applies to the above-named student, his or her parent(s) or guardian(s), and their agents, representatives, heirs and assigns; and

**WE ACKNOWLEDGE THAT WE HAVE CAREFULLY READ THIS WAIVER AND
RELEASE AND UNDERSTAND ITS IMPACT AND EFFECT.**

(Date)

(Signature of Parent or Guardian)

IMPORTANT: REVERSE SIDE MUST ALSO BE COMPLETED

Student's Name: _____ Date of Birth: _____

CHILD'S HEALTH INFORMATION

For the safety of your child, please indicate any health conditions, allergies, restrictions, or special precautions that should be taken.

Is it necessary for your child to take any medication while on this field trip (prescribed or over-the-counter)?

Yes No

If yes, please list:

Name of Medication _____ Dosage _____
Time to be taken _____

If it is necessary for your child to take any medicines while on this field trip, please send the medicine in the original container, clearly labeled with your child's name. All medication must be accompanied with written directions and consent from the parent, and if medication prescribed, written physician consent is also needed (this is state law). The required medication forms can be obtained from the school office (HS-015, HS-017, HS-018) or on the Parent tab of the District's website www.aasd.k12.wi.us.

Physician's Name _____ Clinic _____ Phone _____

In case of emergency please contact _____ at _____
(Name) (Phone)

Alternate emergency contact _____ at _____
(Name) (Phone)