

# Columbus Elementary Summer School

June 17-July 19 (No class July 1-5)

8:30-11:30

School Site Coordinator: Taylor Kuehl [kuehltaylor@asd.k12.wi.us](mailto:kuehltaylor@asd.k12.wi.us)

AASD Summer School Director: Gary Mulry [mulrygary@asd.k12.wi.us](mailto:mulrygary@asd.k12.wi.us)

AASD Summer Administrative Assistant: Karrie Kadolph [kadolphkarrie@asd.k12.wi.us](mailto:kadolphkarrie@asd.k12.wi.us)

AASD District Summer School Office Phone: (920) 832-4976

Web site: [http://www.asd.k12.wi.us/district/district\\_departments\\_contacts/standards\\_curriculum/summer\\_school/](http://www.asd.k12.wi.us/district/district_departments_contacts/standards_curriculum/summer_school/)

## Registration will be conducted online this year!

Enrollment in some classes may be limited.

Step 1: Complete the survey/form found [via the link below](#) to choose your summer school site. Completion of this [survey/form is required](#) for your child to be eligible to register for summer school classes. Please complete this survey/form between February 1<sup>st</sup> and March 21<sup>st</sup>.

Please see the following website for more information. [www.asd.k12.wi.us/families/summer\\_school\\_information](http://www.asd.k12.wi.us/families/summer_school_information)

Step 2: Course registration opens April 1<sup>st</sup>. Parents/guardians will register for summer school courses via the Infinite Campus Portal. Student's schedules and fees will also be available for viewing in the Portal within one week of registering the student. Fees may be paid online.

<https://appletonwi.infinitecampus.org/campus/portal/appleton.jsp>

If you do not wish to use the online registration process, please complete and return the last four pages of this packet to the school your child wishes to attend for summer school.

## Splash into summer with these exciting adventures!

**Week 1: Underwater Week**

**Week 2: Experiment/Camping Week**

**Week 3: Outerspace 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.**

**\*\*BONUS: Students will be enrolled in the Appleton Public Library Reading Program upon enrolling in the summer school program!**

### 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:** fee is \$75.00, capped at \$180.00 per family.

To enroll, Contact: 997-1399 ext. 2608

### Summer Food Service Program

All children 18 years and under are eligible to receive **FREE meals**. You do not need to attend the school. Please visit the location nearest to you. No need to sign up or apply for the program- just bring yourself and enjoy tasty and nutritious meals!

**Dates: June 17-28 and July 8-19 (No Meals July 1-5)**

Locations & Times of Meals:

Breakfast: Badger, Columbus, Edison, Foster, Highlands, Jefferson, Lincoln and McKinley: 8:00-8:30am  
Wilson from 8:00-8:45am

Lunch: Badger, Columbus, Edison, Foster, Highlands, Jefferson, Lincoln, and McKinley from 11:30-12:15  
Wilson from 11:45-12:30

For more information, contact Food Service Office (ARAMARK): 832-6221

### **Additional Camps and Classes are available during the summer through AASD!**

<b>Program:</b>	<b>For Students Entering Grades:</b>	<b>Dates:</b>
Choir Camp	3 <sup>rd</sup> -8 <sup>th</sup>	June 10 <sup>th</sup> -13 <sup>th</sup>
Music Lessons	5 <sup>th</sup> -8 <sup>th</sup>	June 17 <sup>th</sup> -28 <sup>th</sup> , July 8 <sup>th</sup> -19 <sup>th</sup>
Band Camp	7 <sup>th</sup> -9 <sup>th</sup>	July 29 <sup>th</sup> -August 2 <sup>nd</sup>
Engineering Camps	5 <sup>th</sup> -9 <sup>th</sup>	Various dates/ times
Golf Lessons	1 <sup>st</sup> -6 <sup>th</sup>	June 24 <sup>th</sup> -28 <sup>th</sup>
Tennis Lessons	1 <sup>st</sup> -8 <sup>th</sup>	June 17 <sup>th</sup> -21 <sup>st</sup>
Hmong Culture Class	3 <sup>rd</sup> -12 <sup>th</sup>	June 17 <sup>th</sup> -28 <sup>th</sup> , July 8 <sup>th</sup> -19 <sup>th</sup>
Appleton Technical Academy Camp	7 <sup>th</sup> -9 <sup>th</sup>	August 5 <sup>th</sup> -9 <sup>th</sup>

**Please ask the school office for information or the summer school website at:**

[http://www.aasd.k12.wi.us/district/district\\_departments\\_contacts/standards\\_curriculum/summer\\_school/](http://www.aasd.k12.wi.us/district/district_departments_contacts/standards_curriculum/summer_school/)

**(AASD homepage, then Teaching and Learning, then Summer School Information)**

**ALL DAY CARE: Before and after-care programming options for summer school days.**

❖ **Boys & Girls Clubs of the Fox Valley**

- **Badger:** Program 11:30-5:30pm \*snack will be provided. Contact: 997-1399 ext. 2529
- **Columbus:** Program 11:30-5:30pm \*snack will be provided. Contact: 997-1399 ext. 2608
- **Foster:** Program 11:30-5:30pm \*snack will be provided. Contact: 832-5724
- **Highlands:** Program 11:30-5:30pm \*snack will be provided. Contact: 997-1382
- **KA-Roosevelt:** Before Program 7:30-8:45, Program 11:45-2:30. Contact: 832-6303

**((All sites except KA have free breakfast and lunch provided))**

**Costs:** fee is \$75.00, capped at \$180.00 per family.

❖ **YMCA**

- **Berry-** before and after school care for summer school days. Contact 920.954.7641
- **Edison-** before and after school care for summer school days. Contact 920.954.7641
- **Ferber-** before and after school care for summer school days. Contact 920.954.7641
- **Horizons-** 11:30-5:30, \$5/day, contact: Christine Neabling, 209-2155, [horymca@asds.k12.wi.us](mailto:horymca@asds.k12.wi.us)
- **Lincoln-** 11:30-5:30, \$5/day, contact: Jolene Leurquin, 832-4951, [leurquinjolene@asds.k12.wi.us](mailto:leurquinjolene@asds.k12.wi.us)
- **Jefferson-** 11:30-5:30, \$5/day, contact: Brock Blum, 209-0159, [jefymca@asds.k12.wi.us](mailto:jefymca@asds.k12.wi.us)
- **Johnston-** 11:30-5:30, \$5/day, contact: Alyssa Bozich, 209-0157, [johymca@asds.k12.wi.us](mailto:johymca@asds.k12.wi.us)
- **McKinley-** 11:30-5:30, \$5/day, contact: Renae Johnson, 209-0680, [mckymca@asds.k12.wi.us](mailto:mckymca@asds.k12.wi.us)

**(Edison, Horizons, Lincoln, Jefferson and McKinley have free breakfast and lunch provided)**

❖ **The Appleton Park and Rec Summer Playground Program**

Students will participate in supervised lunch at the school site, and summer school staff members will walk them to the local park to participate in the Playground Program, which starts at 1:00. Once at the park, students are under the supervision of the Appleton Park and Rec staff. Registration is required. Please complete and return the designated form and return to the school c/o Summer School Coordinator. Lunch and walk may be cancelled due to weather, and parent would be notified during summer school hours. Form found on AASD Summer School website.

- **Classical:** Ferber Playground 1:00-4:00 M-Th (bring a bagged lunch)
- **Franklin:** Erb Park 1:00-4:00 M-Th (bring a bagged lunch)
- **Jefferson:** Alicia Park 1:00-4:00pm M-Th (free lunch at school first)
- **Einstein:** Ferber Playground 1:00-4:00 M-Th (bring a bagged lunch)
- **Madison:** Hoover Park 1:00-4:00pm M-Th (bring a bagged lunch)
- **Wilson:** Linwood Park 1:00-4:00pm M-Th (free lunch at school first)

**Cost:** Free. College-aged leaders create an interactive and enjoyable summer for children ages 6-13 on a drop-in basis. Participate in sports, games, special events, trips, creative crafts and much more throughout the summer. Visit [www.appletonparkandrec.org](http://www.appletonparkandrec.org) or **832-5905** for further details.

# FOX VALLEY SUMMER SCHOOL CONSORTIUM ELEMENTARY REGISTRATION FORM (APPLETON)

Student Name \_\_\_\_\_ Gender  M  F Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Grade next Fall \_\_\_\_\_ Current Homeroom teacher \_\_\_\_\_

My child is currently attending \_\_\_\_\_ school (name of elementary school).

My child resides in the \_\_\_\_\_ school district (school district child where currently living).

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.*

**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.**

## 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 # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail Address \_\_\_\_\_

If parent/guardian cannot be reached by phone, please contact:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_
2. Phone Number(s) \_\_\_\_\_

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.)

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

**Parent/Guardian** \_\_\_\_\_

Please turn in your registration form at the school you want your child to attend. Registrations will be accepted up to the first day of summer school. Questions? Call the Summer School office at 832-4976.

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.

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

# FOX VALLEY SUMMER SCHOOL CONSORTIUM

## 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 2019 \_\_\_\_\_

¿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 \_\_\_\_\_ **Si contestó que no**, tendrá que ser aprobado por parte del coordinador de la escuela de verano antes de inscribirse a la escuela de verano en el distrito de Appleton. Favor de llevar esta hoja al coordinador de su distrito para que la firme antes de entregarla.

¿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.

### 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 \_\_\_\_\_  
Nombre del trabajo/tel. \_\_\_\_\_ Celular \_\_\_\_\_  
Dirección de correo electrónico \_\_\_\_\_  
Nombre de Padre \_\_\_\_\_ Número de tel. en el día \_\_\_\_\_  
Nombre del trabajo/tel. \_\_\_\_\_ Celular \_\_\_\_\_  
Dirección de correo electrónico \_\_\_\_\_

Si hay una emergencia y no se puede localizar a los padres/apoderados por teléfono, favor de contactar a:

1. Nombre \_\_\_\_\_ Relación \_\_\_\_\_ Tel. \_\_\_\_\_  
2. Nombre \_\_\_\_\_ Relación \_\_\_\_\_ Tel. \_\_\_\_\_

Preocupaciones de salud: \_\_\_\_\_

¿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 \_\_\_\_\_

Quando sea necesario \_\_\_\_\_ De emergencia \_\_\_\_\_

(Favor de traer cualquier medicamento al coordinador del sitio de escuela de verano)

**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 **Registration Kick-Off** 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 832-4976.

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

**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: 6/18-7/20 (not 7/2-6) 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.**

*\* Please contact the school if there are any financial concerns.*

**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](http://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)