



Summer Learning 2020
Camp School Forest & Transition to Middle School
~ Currently in Grade 5 ~

Tuesday, June 9 – July 16 - Monday through Thursday
Class Time: 7:50 AM – 12:10 PM
No programs on Fridays

Free breakfast and lunch included

LOCATIONS:

- **Wausau School Forest - 715-693-3607**
218735 County Road KK, Mosinee WI 54455
- **Horace Mann Middle School**
3101 North 13th Street, Wausau WI 54403
- **John Muir Middle School**
1400 West Stewart Avenue, Wausau WI 54401

Eastside students will be at the School Forest on Mondays and Tuesdays,
and at Horace Mann Middle School on Wednesdays and Thursdays.

Westside students will be at the School Forest on Wednesdays and Thursdays,
and at John Muir Middle School on Mondays and Tuesdays.

■ **What is “Camp School Forest and Transition to Middle School?”**

Does your 5th grader like to have fun in the great outdoors? Would you like your child to get to know their middle school? Could your child benefit from extra instruction in reading and math? Does your child enjoy project and thematic units, instead of traditional classroom instruction? While at the School Forest, students participate in many fun outdoor activities, which provide experiences to write, read about, and improve math skills. Examples include: fishing, kayaking, and science in nature. Students spend time at the middle school they will attend in fall. They tour their school, learn to use their locker, find their classrooms for the upcoming year, and participate in team building activities.

HOW TO REGISTER:

- Register online at <https://Wausau.revtrak.net> OR
- Complete the paper registration form and return to your child’s school
- Registration deadline May 20, 2020
- Look for your child’s notification letter and bus information the week of May 25, 2020

The Wausau School District does not discriminate against individuals on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability. Federal law prohibits discrimination in education and employment on the basis of age, race, color, national origin, sex, religion, or disability.

Please complete reverse side

February 2020



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Complete and return Summer Learning Enrollment Form to your child's school by May 20, 2020 ONLY if you have not registered online.

Today's Date _____ Teacher Recommendation Signature _____

■ STUDENT INFORMATION

Child's Full Legal Name (last, first, middle) _____ Date of Birth _____

Child's Primary Address _____ City, State, Zip _____

2019-2020 Grade _____ School Attended During 2019-2020: _____

First Student bus transportation is provided to and from the School Forest/Middle School for **ALL** students.

My child will attend the Boys & Girls Club in the afternoon YES NO

For times of pick-up and drop-off, please check the Summer Learning Page www.wausauschools.org. Times vary by location.

■ STUDENT HEALTH INFORMATION

Please check if your child has any of these health conditions:

Asthma Diabetes Seizures Allergies _____ Other _____

Please check if your child uses an EpiPen Inhaler

Does your child require medication during the Summer Learning day? YES NO

If YES, please list medications and time to be administered: _____

(If any medication must be administered during program hours, please contact site secretary.)

Students with disabilities who need special accommodations to participate in activities should contact the school.

Emergency Release Information: If I cannot be reached immediately, I authorize Summer Learning staff to call or drive my child to the physician, dentist, or hospital. An ambulance may be called if necessary.

Parent/Guardian Signature _____ Date _____

■ PARENT/GUARDIAN PERMISSIONS

Please check for your permission:

I give permission for my child to attend field trips during Summer Learning as identified by staff.

I give permission for the District to post, print, or release my child's image/photograph or student work.

I give permission for my child to use Google Apps for Education. Account will be supplied by the District.

Parent/Guardian Signature _____ Date _____

■ PARENT/GUARDIAN INFORMATION

Parent/Guardian First and Last Name _____

Contact Phone Numbers (home and/or cell) _____ Work Phone Number _____

Additional Contact First and Last Name _____ Contact Phone Number _____

Parent/Guardian Signature _____ Date _____