

# **WELCOME TO BONDUEL ELEMENTARY SUMMER SCHOOL**



## **PRE 4K - KG**

### **JUNE 9<sup>TH</sup> - JULY 11<sup>TH</sup>**

**NO SCHOOL JULY 3<sup>RD</sup> & 4<sup>TH</sup>**

**8:00 a.m. - 12:00 p.m.**

**FREE BREAKFAST AND LUNCH!**

## LOCATION

Bonduel Elementary School

404 W. Mill St., Bonduel

## DATES

June 9<sup>th</sup> - July 11<sup>th</sup> from 8:00am - 12:00pm

No School July 3<sup>rd</sup> & July 4<sup>th</sup>

## CONTACT

Mrs. Borowski/Summer School Secretary

715-758-4850 Ext. 818

Mrs. Sampson-Student Services Director/Summer School Coordinator

715-758-4850 **Ext. 881** (Prior to June 9th) **Ext. 811** (June 9th—July 11th)

## FOOD

**FREE** breakfast and lunch provided to all students and children 18 years old and younger.

Breakfast is from 8:00am - 8:30am and Lunch is from 11:30am - 12:00pm. **If students are NOT eating breakfast and they don't ride the bus, please have them arrive approximately 8:20am.**

## REGISTRATION

**Registration closes on May 2, 2025**

- If your child is in Pre-4K, Pre-K, or Post-K those classes are all morning one session only classes.
- When filling out registration, please make sure you fill it out as complete as possible (front and back). It is important we have all information because this is what the office and busing use for the summer school program.

## BEHAVIOR POLICY

The Bonduel teachers and staff work very hard to provide a safe and fun learning environment for students. Summer school is a great learning opportunity and privilege. Students need to understand their behavior must meet the same expectations given during the normal school year. Our staff understands there are times when students need redirection for their behavior. However, a serious offense will be directed to the summer school administrator. The administrator will inform parents of this offense and determine the appropriate consequences, which may include a removal from all summer school activities.

**If there are any changes for afternoon busing or pick up, please call the elementary office by 11:00am, so there is enough time to notify the teacher.**

### Pre-4 Year Old Kindergarten For Children Who are Entering 4K

(Age 4 by September 1, 2025)

We will spend the morning preparing for attending 4K IN FALL. We will learn social skills, appropriate school etiquette, and become familiar with Bonduel Elementary School building. Your child will listen to stories, make crafts, play indoors and on the playground. Your child should bring a backpack and change of clothes daily.

### Pre-Kindergarten For Children Who are Entering Kindergarten

(Age 5 by September 1, 2025)

We will spend the morning working on reading, math, science, social studies, music and art! Students will spend all morning in Pre-Kindergarten. Come and join us for a lot of fun!

### Post-Kindergarten For Children Who are Entering First Grade

(Age 6 by September 1, 2025)

We will spend the morning working on reading, math, science, social studies, music and art! Children interested in attending this class must have attended kindergarten. Please remember to send your child with a backpack daily!

# 2025 Bonduel Summer School Registration Form

Student Attends (Please check one): BES: ☐ ST. PAUL: ☐ OTHER: ☐

Student Name \_\_\_\_\_ M ☐ F ☐ Grade completed this year \_\_\_\_\_

Student Address \_\_\_\_\_ City: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**If your child is in Pre-4K, Pre-K, or Post-K those classes are all morning one session only classes**

**Indicate Pre-4K, Pre-K, or Post-K Here:** ☐ Pre-4K ☐ Pre-K ☐ Post-K

**If being bussed, do you wish your child be:**

Picked up from home: Yes ☐ No ☐ **If no, how is child transported?** (Please write walker, drop off, or other location with address)

Returned to home: Yes ☐ No ☐ **If no, how is child transported?** (Please write walker, pick up, or other location with address)

**If at a private daycare:**

Picked up from daycare: Yes ☐ No ☐ If yes, which daycare: \_\_\_\_\_

Returned to daycare: Yes ☐ No ☐ If yes, which daycare? \_\_\_\_\_

**My child will be attending the Bonduel Elementary Before/Aftercare Program (Must be pre-registered):**

Yes ☐ No ☐ **If yes, my child will attend:** Morning only ☐ After only ☐ Both AM/PM ☐

(Please contact Jennifer Paape for more information at paapejen@bonduel.k12.wi.us)

**WEB CONSENT:** Yes, I consent: ☐ No, I DO NOT consent: ☐

Key points in Bonduel School District Policy 7540.02 regarding publishing of student information:

\*Signed permission slip from parents/guardian and student allowing use must be obtained prior to publishing student names, pictures, videos, voice, or work samples

\*Student names will appear as first name and last initial in all public access areas of website

\*Parent/guardian or student can revoke permission once granted by written request

\*Permission can be granted or revoked in three categories: student name, picture, work samples

\*Not granting permission will result in student from being excluded from school bulletins or school newspapers as those are published to the web site

**\*\*\* (CONTINUE REGISTRATION ON REVERSE SIDE) \*\*\***

# Emergency Form

**Student Name:**

Last \_\_\_\_\_ First \_\_\_\_\_

**NAMES OF PARENTS OR GUARDIAN(S) STUDENT IS LIVING WITH:**

1. Last \_\_\_\_\_ First \_\_\_\_\_

Relationship (e.g., mom, dad, step-mom, step-dad, legal guardian, etc.)

\_\_\_\_\_ Primary Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Parent/Guardian e-mail \_\_\_\_\_

2. Last \_\_\_\_\_ First \_\_\_\_\_

Relationship (e.g., mom, dad, step-mom, step-dad, legal guardian, etc.)

\_\_\_\_\_ Primary Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Parent/Guardian e-mail \_\_\_\_\_

Who should be contacted first (please circle):      1      2

Legal Custody belongs to: \_\_\_ Both \_\_\_ Mother \_\_\_ Father

**Alternate Contact(s) if Parent/Guardian Can't Be Reached:**

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Alerts:** Please list any concerns of which school personnel should be aware of: (e.g., allergy to bee stings, seizure disorders, diabetes). Please specify: \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Will medication need to be taken at school (Please circle):** Yes or No

Is there any other information about your child and/or family that the school needs to know (please explain):

I hereby authorize school personnel to call a physician, dentist, or emergency vehicle if an emergency exists. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this information will be shared with all school personnel that need to know this information to protect the life and safety of said child.

I further authorize emergency treatments to be initiated at the medical facility to which my child is transported. I do hereby indemnify and hold harmless the physician, hospital and other persons who act in reliance upon this authorization.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_