

# 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 \_\_\_\_\_

## Register for classes for the grade your child is in today!

Children in 1st-4th grade choose 6 choices from each session, and number your choices #1, #2, #3, #4, #5, and #6. If their first choice is full, the student will be put in the class of their second choice etc. This is on a first come, first serve basis.

| Session One 8:30 – 9:30           |  | Session Two 9:30 - 10:30           |  | Session Three 10:30 - 11:30        |  |
|-----------------------------------|--|------------------------------------|--|------------------------------------|--|
| Christmas in July Grades 1 - 4    |  | Puzzles and Games Grades 1 - 4     |  | Puzzles and Games Grades 1 - 4     |  |
| Fun with Science Grades 2 - 4     |  | Fun in the Sun Grades 1 - 2        |  | Fun in the Sun Grades 3 - 4        |  |
| K'Nex Stem Academy Grades 2 - 4   |  | K'Nex Stem Academy Grades 2 - 4    |  | K'Nex Stem Academy Grades 2 - 4    |  |
| Fun & Healthy Habits Grades 1 - 4 |  | Fun in Fitness Grades 1 - 4        |  | Fun in Fitness Grades 1 - 4        |  |
| It Takes a Village Grades 1 - 4   |  | Grow With Us Garden! Grades 1 - 4  |  | Grow With Us Garden! Grades 1 - 4  |  |
| Minecraft Grades 1 - 4            |  | Minecraft Grades 1 - 4             |  | Minecraft Grades 1 - 4             |  |
| Cooking Grades 2 - 4              |  | Cooking Grades 2 - 4               |  | Cooking Grades 2 - 4               |  |
| Crafty Creations Grades 1 - 4     |  | Crafty Creations Grades 1 - 4      |  | Crafty Creations Grades 1 - 4      |  |
| Puzzles and Games Grades 1 - 4    |  | Dance Camp Grades 1 - 4            |  |                                    |  |
| Great Outdoors Grades 1 - 4       |  | Great Outdoors Grades 1 - 4        |  | Great Outdoors Grades 1 - 4        |  |
|                                   |  | Chefs' Summer Kitchen Grades 1 - 2 |  | Chefs' Summer Kitchen Grades 1 - 2 |  |

### **WEB CONSENT:**

I give my permission to allow the use of pictures of student (still or video), student's work samples (including voice recordings), and student name to be published on the School District of Bonduel website or social media.

Yes: \_\_\_\_\_

I do not grant permission to allow the use of pictures of student (still or video), student's work samples (including voice recordings), and student name to be published on the School District of Bonduel website or social media.

No: \_\_\_\_\_

Please see Bonduel School District Policy 7540.02 for more information

### **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)

# Emergency Form

**Student Name:**

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

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

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

Relationship (e.g., mom, dad, stepmom, stepdad, legal guardian, etc.) \_\_\_\_\_

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

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

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

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

Relationship (e.g., mom, dad, stepmom, stepdad, 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: \_\_\_\_\_