



Out of District Summer Learning 2026 at GD Jones
1018 South 12th Ave, Wausau WI 54401 - 715-261-0950
~ Students currently in 4K-Grade 4 ~
June 15th – July 16th ~ Monday through Thursday
No programs on Fridays

Class Options (Select one or both):

Morning Program 7:35 AM – 12:00 PM

SL/G2M Afternoon Program 12:00 PM - 3:30PM (not available for current 4K students)

(Families are responsible for PM transportation for the afternoon SL/G2M if they do not attend the AM Session)

Important Information:

- GD Jones site is for students who attend Rib Mtn, South Mtn, and GD Jones
- Drop off begins at 7:15 AM; Pick Up at 12:00 PM or 3:30 PM
- Busing available from many district sites (see below)
- Breakfast and Lunch Provided at no cost

My student will be walking My student will be dropped off and picked up

My student needs yellow bus transportation, times subject to change.

Check all that apply:

Morning (ORANGE)

7:15 am from South Mtn to GD Jones

7:25 am from Rib Mtn to GD Jones

My student will not need morning busing

Morning (GREEN)

7:20 am from John Muir to GD Jones

7:30 am from Lincoln to GD Jones

Mid-Day (if not attending afternoon) (ORANGE)

12:10 pm drop off at Rib Mtn

12:20 pm drop off at South Mtn

12:35 pm drop off at Boys & Girls Club (GREEN)

My student will not need mid-day busing

Mid-Day (if not attending afternoon)(GREEN)

12:05 pm drop off at Lincoln

12:15 pm drop off at John Muir

Afternoon (ORANGE)

3:45 pm drop off at Rib Mtn

3:55 pm drop off at South Mtn

4:10 pm drop off at Boys & Girls Club (GREEN)

My student will not need afternoon busing

Afternoon (GREEN)

3:40 pm drop off at Lincoln

3:50 pm drop off at John Muir

If these busing options do not work, families may drop off at between 7:15-7:35am, and pick-up at 12:00pm or 3:30pm. Please be at the bus location at least 5 minutes prior to the identified time. There will be an adult supervisor at each location 10 minutes prior and 10 minutes after bus stops. There are not any crossing guards at these locations. Restrooms may not be available at pick-up and drop-off locations.

Please complete other side to complete registration

The District does not discriminate on the basis of the Protected Classes of race, color, national origin, age, sex (including transgender status, change of sex, sexual orientation, or gender identity), pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32, Wis. Stats.), ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, declining to attend a meeting or to participate in any communication about religious matters or political matters, or any other characteristic protected by law in its practices. Updated 10.08.24

Program Details:

- **Morning Program (7:35 AM - 12:00 PM)**
 - Students will receive instruction in Math and ELA with focus on skills that will help them be successful next school year.
 - Students will have a combination of encore classes that may include PE, Music, Art, or Library.
 - Students will have recess and other opportunities to get outside, including field trips.
- **SL/G2M Program (12:00 PM - 3:30 PM) - not available for current 4K students**
 - Students will have a combination of classes and G2M activities, including field trips and swim lessons.
 - Classes may include Science, Technology, Engineering, Math, Art, PE, and Music
 - G2M Field Trips may include Food+Farm Exploration Center, Greenheck Field House, Wausau School Forest, CVA, Swimming Pools, Weston Lanes, Oak Island and more.

How to Register:

- Registration forms online at <https://www.wausauschools.org/programs/summer-learning-2026>
- **Must complete Student Enrollment Form, Student Health Information, Emergency Contact Medical Information Field Trip Authorization, and return to the Summer Learning Team at wsummerlearning@wausauschools.org**
- **Registration deadline April 17, 2026**
- Summer Learning information will be available the week of **May 26, 2026**
- Health information (medication, concerns)
Email wsummerlearning@wausauschools.org Subject Line **HEALTH**
- Questions? Please contact the Summer Learning Team at wsummerlearning@wausauschools.org

STUDENT INFORMATION

Child's Full Legal Name (Last, First, Middle) _____

Date of Birth _____

Child's Primary Address _____

City _____ State _____ Zip _____

2025-2026 Current Grade _____ **School Currently attending:** _____

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Date & Time Received _____
School Name _____
ID Number _____
Home Attendance Zone _____
Entry Date _____
Withdrawn to _____
Withdrawn Date _____
Birth Verification _____

Student Enrollment Form

Interpreter needed? YES NO Type _____
Today's Date _____ Child's Gender Male Female Child's Date of Birth (month/day/year) _____
Child's Full Legal Name (last, first, middle) _____ Grade _____
Child's Primary Address _____ City, State, Zip _____
Household Phone Number(s) _____
Child's Birthplace (City & State or Country if not born in the U.S.) _____
Date first entered U.S. _____ Date first entered U. S. School _____ Date first entered Wisconsin Schools _____
Has child ever registered under a different name? YES NO If yes, please provide full name: _____
School child most recently attended (Name, Address, City, State and Zip) _____

Please check any special programs in which the child has participated:

- Special Education/IEP 504/At Risk ESL/ELL/EL Gifted/Talented

Has child ever been expelled from school? YES NO If yes, please provide date(s) _____

Has child ever been withdrawn from school to avoid expulsion proceedings? YES NO If yes, please provide date(s) _____

RACE & ETHNICITY

Is the child Hispanic or Latino? Hispanic or Latino Not Hispanic or Latino

Check one or more of the following categories that apply to this child:

- American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Is a language other than English spoken in the home on a regular basis? YES NO If yes, what language? _____

Does the student use a language other than English on a regular basis? YES NO If yes, what language? _____

MILITARY

Is either parent or guardian in the military? YES NO Branch _____

Is either parent or guardian on **ACTIVE DUTY** in the military? YES NO

Is either parent or guardian a traditional member of the Guard or Reserve? YES NO

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? YES NO

Military start date _____ Military end date _____

HOUSING

Is the child homeless? YES NO If yes, please select the option that best represents the child's current housing situation:

- Motel, hotel, trailer park, or campground due to lack of alternative housing Shared housing/doubled up in one residence
 In emergency or transitional shelter Awaiting foster care placement
 Primary night time residence is not ordinarily used as a regular sleeping accommodation
 Unsheltered - living in vehicle, park, public space, abandoned building, substandard housing, bus or train station, etc.

Please complete second page

FAMILY INFORMATION

Child presently living with (Please check all that apply):

Mother Father Step-Mother Step-Father Foster Mother Foster Father
 Guardian Adult Sibling Spouse Other _____

■ **Mother's Legal Name** _____ **Mother's Date of Birth** _____

Receive mailings (i.e. Report Cards and Progress Reports)? YES NO Is Mother a Migrant Worker? YES NO

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

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Father's Legal Name** _____ **Father's Date of Birth** _____

Receive mailings (i.e. Report Cards and Progress Reports)? YES NO Is Father a Migrant Worker? YES NO

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

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Additional Contact Name** _____ **Relationship to Child** _____

Non-Emergency (Step-Parent, Foster Parent, Guardian)

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Additional Contact Name** _____ **Relationship to Child** _____

Non-Emergency (Step-Parent, Foster Parent, Guardian)

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ Siblings living at same primary address as child

Name _____ Date of Birth (month/day/year) _____ Male Female

Name _____ Date of Birth (month/day/year) _____ Male Female

Name _____ Date of Birth (month/day/year) _____ Male Female

Name _____ Date of Birth (month/day/year) _____ Male Female

DIGITAL EQUITY

1. Can the student access the internet on their primary learning device at home? YES NO - Not Available NO - Not Affordable
 NO - Other _____

2. What is the primary type of internet service used at the residence?

Residential Broadband (DSL, Cable, Fiber) Cellular Network Satellite Dial-up None
 Hot Spot (school provided hot spot or school provided service) Community Provided Wi-Fi Other Unknown

3. Can the student stream a video on their primary learning device without interruption? YES - No Issues YES - But Not Consistent NO

4. What device does the student most often use to complete school work at home?

Desktop Computer Laptop Computer Tablet Chromebook Smartphone None Other

5. Who provided the primary learning device to the student? School Personal Other

6. Is the primary learning device shared with anyone else in the household?

Personal-Dedicated Personal-Shared School Provided-Dedicated School Provided-Shared
 Shared Not Shared Unknown None

How did you hear about the Wausau School District? _____

Name of person completing this form _____ Relationship to child _____

Parent/Guardian Signature _____ **Date** _____



Student Health Information

Today's Date: _____

Child's Name: _____ Date of Birth: _____ Gender: _____

Grade _____ School: _____

Please place a check mark if your child has any of the following conditions and provide details under explanation.

✓	Condition	Explanation
	Allergy (ex. food, insect, drug, latex)	
	ADD/ADHD	
	Breathing problem/asthma	
	Bladder/bowel concern	
	Bleeding disorder	
	Bone/joint/muscle condition	
	Cancer	
	Concussion/head injury	
	Diabetes	
	Diet/eating concern	
	Headaches	
	Heart condition	
	Immunity concern	
	Mental health concern	
	Seizures/epilepsy	
	Skin condition	
	Stomach/intestinal condition	
	Surgery	
	Vision/hearing concern	
	Other health concerns	
	NO HEALTH CONCERNS	

Please list child's current medications: _____

Will any medications be taken at school? YES NO

If yes, have Medication Administration Consent form completed by health care provider.

Please list any other information about your child that would be helpful to staff working with your child. _____

Parent/Guardian Signature: _____ Relationship: _____



Emergency Contact Medical Information Field Trip Authorization

Student Name: _____ Date of Birth: _____ Gender: _____
Grade _____ School: _____

Local Contact Person(s) If Parent/Guardian Cannot Be Reached

Contact Person: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Employer & Work Phone: _____

Contact Person: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Employer & Work Phone: _____

Please specify any health conditions which may affect your child in school and identify medications your child is currently taking. The health information provided will be shared with the school staff in a confidential manner.

Health Concerns: _____

Medications: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

**My Child has Permission to Attend School-Sponsored Field Trips YES NO
Authorization of Treatment During School Hours and on Field Trips YES NO**

To Whom It May Concern: I authorize treatment by a licensed medical physician/dentist of the above minor in the event of a medical/dental emergency that, in the opinion of the attending physician/dentist, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority granted is only to be exercised after reasonable efforts have been made to reach me if time so permits. If I cannot be reached, I authorize the school principal, teacher-certified CPR/first aid staff, or my designated contact person(s) to call or drive my child to the physician or dentist listed above, or the nearest hospital if emergency care is needed. An ambulance may be called if necessary. This release form is completed and signed of my own free will and is for the sole purpose of authorizing necessary medical treatment under emergency circumstances in my absence. **Special Accommodations:** Students with disabilities who need special accommodations to participate in activities should contact the school prior to activity date.

Inclement Weather Instructions – Elementary Only

If school must close during the instructional day, we need to know what plans you have made for your child. It is difficult for students to telephone for instructions at these times. Please fill out the form below, **discuss the plan with your child**, and return the form to school. In the event of school closing during the instructional day, my child should:

Walk home as usual Ride bus as always Wait at school - I will pick up my child

Other _____

Parent/Guardian Signature: _____ Date: _____