



# Out of District Saunters or Stretchers Summer Learning 2026

~ Currently in Grades 1, 2, 3, 4, and 5 ~

July 20 - July 24, 2026

Monday through Friday

7:45 am - 3:30 pm

Free breakfast and lunch included

Rib Mountain Elementary

150801 Robin Lane

Wausau WI 54401

**\*\*\* Parents must provide transportation to and from Rib Mountain Elementary \*\*\***

Please be aware: Crossing guards are not provided at Rib Mountain Elementary.

### Summer Stretchers - for students currently in grades 1 & 2

This program offers a unique experience, challenges, games and adventures. The afternoon activities include arts and crafts, playground fun and games and trips to local pools and parks.

### Summer Saunters - for students currently in grades 3, 4 and 5

Students will learn about Wisconsin's history and the great outdoors while using their knowledge they learned during their school year. Students will experience walking, hiking, while learning cultural, environmental and geographical qualities of Wisconsin. Students must have a positive attitude and be willing to hike in various conditions including heat, insects and light rain.

### 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 [wdssummerlearning@wausauschools.org](mailto:wdssummerlearning@wausauschools.org)**
- **Registration deadline April 17, 2026**
- Summer Learning information will be available the week of **May 26, 2026**
- Health information (medication, concerns)  
Email [wdssummerlearning@wausauschools.org](mailto:wdssummerlearning@wausauschools.org) Subject Line **HEALTH**
- Questions? Please contact the Summer Learning Team at [wdssummerlearning@wausauschools.org](mailto:wdssummerlearning@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:** \_\_\_\_\_

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



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	
	<b>NO HEALTH CONCERNS</b>	

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: \_\_\_\_\_