



## Out of District Summer Learning 2026 at Riverview

4303 Troy Street, Wausau WI 54403- 715-261-0030

~ 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:

- Riverview site is for students who attend Franklin, Marshall and Riverview
- Drop off begins at 7:15 AM; Pick Up at 12:00 PM or 3:30 PM
- Bussing available from many district sites (see below)
- Breakfast and Lunch Provided at no cost
- Due to construction - Franklin is not available for busing

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 (YELLOW)

\_\_\_ 7:10 am from John Marshall to Riverview

\_\_\_ 7:20 am from Thom Field to Riverview

\_\_\_ 7:25 am from Boys & Girls Club

\_\_\_ My student will not need morning busing

#### (YELLOW)

#### Mid-Day (if not attending in the afternoon)

\_\_\_ 12:25 pm drop off at Marshall

\_\_\_ 12:15 pm drop off at Thom Field

\_\_\_ 12:10 pm drop off at Boys & Girls Club

\_\_\_ My student will not need mid-day busing

#### (BLUE)

\_\_\_ 7:00 am from St. John's (Hewitt) to Riverview

\_\_\_ 7:15 am from Tenth Street Park to Riverview

\_\_\_ 7:25 am from Horace Mann to Riverview

#### (BLUE)

\_\_\_ 12:10 pm drop off at Horace Mann

\_\_\_ 12:20 pm drop off at Tenth Street Park

\_\_\_ 12:35 pm drop off at St. John's (Hewitt)

#### Afternoon (YELLOW)

\_\_\_ 4:00 pm drop off at John Marshall

\_\_\_ 3:50 pm drop off at Thom Field

\_\_\_ 3:45 pm drop off at Boys & Girls Club

\_\_\_ My student will not need afternoon busing

#### (BLUE)

\_\_\_ 3:45 pm drop off at Horace Mann

\_\_\_ 3:55 pm drop off at Tenth Street Park

\_\_\_ 4:10 pm drop off at St. John's (Hewitt)

**If these busing options do not work, families may drop off 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*

## Program Details:

- **Morning Program (7:45 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 [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:** \_\_\_\_\_



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: \_\_\_\_\_