Summer Learning Camp

This summer, Mahone will be conducting free a “Summer Learning Camp” which will integrate math, science, and social studies. The topic for this summer’s camp is “Water a Natural Commodity”. Students will design projects, participate in inquiry/problem-based labs, form argumentative essays/public service announcements based on informational readings, and attend field trips. Students will learn about water as a valuable resource: through its history, uses for today and its sustainable future.

The Summer Learning Camp will take place at Mahone. It begins on Monday, June 20th and ends on Monday, July 25th. It runs from Monday through Friday from 8 am to Noon. There will be no school on July 4th or 5th. Signed registration and health forms (attached) should be returned to the school office at Mahone. **Please register early to ensure a position in class.** There is no enrollment fee.

I am pleased to offer this exciting educational opportunity to your child during the upcoming summer months. If you have any questions regarding this program, please feel free to call 262-359-8112.

Sincerely,

Steve Germain
Mahone Middle School Assistant Principal
Summer School Enrollment Form – Kenosha Unified School District

Summer School Location: ________________________________

School Attended (this year) ____________________________ School Attending in fall (if different) __________________

Student’s Last Name ____________________________ First Name ____________________________ Middle Name

Gender (M/F) ____________________________ Student ID Number ____________________________

Birth Date ____________________________ Grade Just Completed ____________________________

Has the student ever attended Kenosha Unified schools (including Head Start)? □ Yes □ No

Has the student ever been retained in a grade? □ Yes Grade: _________ □ No

Please select one:
☐ Hispanic or Latino
☐ Asian
☐ Black or African American
☐ Not Hispanic or Latino
☐ White
☐ American Indian or Alaska Native

Did the student receive any support services this past school year? □ ELL □ Special Education □ Other ______________ (Please Explain) □ None

Home Address ____________________________ Apt/Apt City ____________________________ State Zip Code

Home Phone □ Listed □ Unlisted ____________________________

Legal Guardian 1 ____________________________ Relationship to Student (Mother, Father, Guardian, etc.) ____________________________

Last Name ____________________________ First Name ____________________________ Middle Name ____________________________

Address ____________________________ Apt City ____________________________ State Zip Code

Legal Guardian 2 ____________________________ Relationship to Student (Mother, Father, Guardian, etc.) ____________________________

Last Name ____________________________ First Name ____________________________ Middle Name ____________________________

Address ____________________________ Apt City ____________________________ State Zip Code

Email address ____________________________

Primary Phone ____________________________ Secondary Phone ____________________________ Student Lives With (Y/N) ____________________________

Parent Guardian Signature: ____________________________ Date: ____________________________

Emergency information must be completed.

There is no fee for Summer School

REV. 5/14
Emergency/Health Form – Kenosha Unified School District No. 1

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Birth Date</th>
<th>School</th>
<th>Grade</th>
<th>Parent’s Email Address</th>
<th>Cell Phone</th>
<th>Bus</th>
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<tr>
<th>Student Address (check if new)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Home Phone</th>
<th>Email Address</th>
<th>Family Doctor’s Name</th>
<th>Doctor’s Phone</th>
<th>Child’s Dentist</th>
<th>Dental Phone</th>
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<tr>
<th>Parent/Guardian Name</th>
<th>Address</th>
<th>City</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Child Lives with Y/N</th>
<th>Employed by</th>
<th>Work Phone &amp; shift hours</th>
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</table>

Please list additional emergency contacts below in the order you wish them to be called.

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<tr>
<th>Name</th>
<th>Address</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone and ext</th>
<th>Relationship to Student</th>
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Confidential Health Information. If your child’s doctor has told you your child has any of the problems noted below, please ‘X’ all that apply and answer questions related to problem:

- [ ] My child has no known health problems
- [ ] MY CHILD’S HEALTH CONDITION IS POTENTIALLY LIFE THREATENING

- [ ] Attention Deficit Disorder (with or without hyperactivity)
- [ ] Does your child have a form of Autism? If yes, describe

- [ ] Allergies: Types
  - [ ] Foods, milk, eggs
  - [ ] Peanuts, tree nuts, other foods
  - [ ] Latex, rubber
  - [ ] Allergies to medications. (List here):
  - [ ] Other, please describe

- [ ] Asthma or other breathing problems. Describe

- [ ] Conversions or problems that affect walking or movement. Describe

- [ ] Cancer Type
  - [ ] Currently in: Treatment
  - [ ] Remission

- [ ] Birth Defects: Describe

- [ ] Blood Disorder: Other than HIV/AIDS, e.g., Sickle Cell. Describe

- [ ] Diabetes (Type 1 or Type 2): List types of insulin, dose, and times taken on back

- [ ] Emotional/Psychological problems. Describe

- [ ] Heart Condition. Describe

- [ ] Nerve Disorders other than seizures. Describe

- [ ] Organ Transplant. List organ

- [ ] Seizure Disorder: Describe

- [ ] Swallowing, Stomach or Intestinal Disorders

- [ ] Vision, Hearing, or Speech problems. Describe

- [ ] Other Describe

***PLEASE LIST ALL MEDICATIONS AND/OR TREATMENTS ON THE BACK OF THIS FORM***
**STUDENT NAME: ____________________________**

**MEDICATION** (List names of all medications child takes, doses and times given):
Each medication given at school requires written parental consent. Each prescription medication requires a physician's written order and written parental consent. Medication forms may be obtained from the school office.

<table>
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<tr>
<th>MEDICATION</th>
<th>DOSE</th>
<th>TIME OR SITUATION</th>
<th>WHO ADMINISTERS</th>
<th>WHERE KEPT</th>
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I do not give permission for the principal or another designated contact to contact any of the emergency contacts I have provided if my child becomes ill at school and you cannot reach me by phone.

I do not give permission to contact the student's physician for consultation if needed.

I do not give permission to share my child's current immunization record or any updates with the Wisconsin Immunization Registry (WIR). I understand that I may receive this consent or any update by sending written notification to the school district. Following the date of enrollment, the school district will provide no new records or updates to the WIR.

If a serious illness or accident occurs at school, I understand that my child will be sent by rescue squad to the emergency room. All expenses charged by the hospital are the responsibility of the Parent/Guardian.

This form is complete and accurate to the best of my knowledge.

**SIGNATURE of Parent/Legal Guardian:** ____________________________ **Date:** ____________________________ **Language spoken at home:** ____________________________