

Bayfield School District

Kindergarten Readiness

2024



- Please join us August 12, 13, & 14, 2024 from 9 am-1 pm
- This program is intended for incoming kindergarteners in the Bayfield School District.
- Please register with us ahead of time if you are interested in joining us for any or all of the days.

****[Register ONLINE Here!](#)****

OR if you need a paper copy please contact or stop by the main office!

REGISTRATION DUE NO LATER THAN AUGUST 2

2024 Bayfield Kindergarten Readiness General Information

MEALS: Morning snacks and lunch will be served all three days of school. *Due to the later starting time there will NOT be a breakfast available.

DAILY SCHEDULE:

8:50 a.m. - 9:10 a.m. Students arrive and go to the kindergarten classrooms.

9:10 a.m. - 12:30 p.m. Class *Each class will have snacks and breaks throughout the day.

12:30 p.m. - 1:00 p.m. Lunch in the cafeteria provided by Red Cliff Food Distribution.

1:00 p.m. Approximate time for bus departure.

DROP OFF AND PICK UP: Please drop off students no earlier than 8:55 a.m. Please drop off and pick up your child at the main entrance (Door #2).

BUS TRANSPORTATION: Bus transportation is provided for all district students who register ahead of time and who request it. You will be notified prior to the first day of Kindergarten Readiness what time your child will be picked up and dropped off.

Our staff is looking forward to meeting you and working with you and your child in an exciting and educational atmosphere!

Any questions please contact:

Keeley Johnson at (715) 779-3201, ext. 100 kjohnson@bayfield.k12.wi.us

Lucy Meierotto at (715) 779-3201, ext. 142 lmeierotto@bayfield.k12.wi.us

Mike Peterson at (715) 779-3201, ext. 317 mikepeterson@bayfield.k12.wi.us

2024 Kindergarten Readiness Registration Form

*Please fill out one paper copy per student and return with the course selection form ~OR~
Register online instead by clicking [HERE](#)*

Student Name: _____

Parent/Guardian #1 Name: _____

Phone # _____

Email: _____

Parent/Guardian #2 Name: _____

Phone # _____

Email: _____

How do you prefer to be contacted?

- Email
- Text
- Phone Call
- Physical Mail

Current Mailing Address: _____

Physical Address (if different from mailing address): _____

Bussing for summer school will be provided to students. Please indicate below where your child should be picked up and dropped off or if you plan on providing transportation.

___ I plan to use bus transportation.

___ I will provide transportation for my child.

Check one location **ONLY IF USING BUS TRANSPORTATION**

	Bresette Hill Rd & Hwy. 13		Old Housing & Hwy. 13		Church Road
	Bishop Lane & Bishop Loop		Red Cliff Hall		New Housing
	Pageant Rd. & Blueberry		Hillside Housing		Water Tower Rd.
	Daley Road		Birch Bark Trail		Town of Russell Garage
	Settlement		Sand Bay		Fruit Farmers Loop
	In Town				

Name of emergency contact: _____

Relationship: _____ Phone # _____

Family Doctor: _____ Phone # _____

Clinic Name: _____

Please make sure the school office is supplied with enough of the medication for the days your child will attend summer school.

Please list current medications and non-prescription medicine being taken.

Name of Medicine	Dose	Time Taken	Taken at School?		
_____	_____	_____	YES	or	NO
_____	_____	_____	YES	or	NO
_____	_____	_____	YES	or	NO

MEDICAL INFORMATION

Please list any medical conditions (asthma, diabetes, seizures, surgeries, ADHD, ODD, depression, severe injuries such as broken bones, other...)

ALLERGIES

Please list and describe any allergies and reactions to them.

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements deemed necessary.

Parent/Guardian Signature: _____