

Overall Score



Significantly Exceeds Expectations



# Washington Caldwell Parent Update



June 4, 2021  
(262) 662-3466



kmccormick@washcald.com  
(262) 534-2191 Dousman Transport

## Topics of Interest

### Summer Office Hours

The school office will be open from 8:00 am – 12:00 pm during the of week June 7th. After June 7th, we are happy to assist you by having you email ([kmccormick@washcald.com](mailto:kmccormick@washcald.com) or [kvogt@washcald.com](mailto:kvogt@washcald.com)) to arrange a time to come in to school. We will also be checking the voicemail on a regular basis. **(262-662-3466)**

### Registration 2021-2022

**Registration for the 21-22 school year will be available the first week in August.** Registration will be online or in person depending on your preference. Watch your email and the school website in July for details!

### Summer Road Trip

**The Summer Road Trip will officially begin Monday, June 21.** Registered students should have brought home a letter and map with some basic details. More detailed information will be sent to parent emails before the start date.

### School supply Kits for Next Year

School supply Kits can be ordered at [www.shopttkits.com](http://www.shopttkits.com). School code 23989. It is a super easy way to go shopping! Deadline is June 18<sup>th</sup>.

### School Supply Lists for 2021-22

School Supply Lists will be posted on the Washington Caldwell website, [www.washcald.com](http://www.washcald.com), mid to late summer.

### iPads For Sale Soon

Ms. Vogt will email in June about the availability of iPads for family purchase. Watch your email!

### Bulldog Bites PTO Cookbook Order Forms are here!

Cookbooks are \$15 dollars each and if you contributed a recipe you can take a dollar off each book you purchase. Cookbook sales so far helped to give each student money for books at the Spring Book Fair! Parents can send order forms with check or money in an envelope to the school front office. Please make checks to Washington Caldwell PTO. **Cookbooks will be passed out in the Fall . Please pre-order now. Please see order form attachment.**

### Covid-19 Vaccination Clinic on Wednesday, June 9<sup>th</sup>

Check the attachments for information on this opportunity for anyone 12 years and older.

### **Hello Bulldog Families, We Made It!**

We have completed another successful year of learning at Washington Caldwell. A huge thank you to our staff, students, School Board, health professionals and to you, our parents and families. We appreciate all your support through this school year. Thank you!

While the Parent Update is done for another year, I will be sharing out periodically with all of you to provide updates on safety protocols for the Fall, beginning of the year events and other school related topics.

Have a safe and enjoyable summer!  
Sincerely,  
Kevin

# Burlington COVID-19 Vaccination Clinic

WEDNESDAY, JUNE 9TH

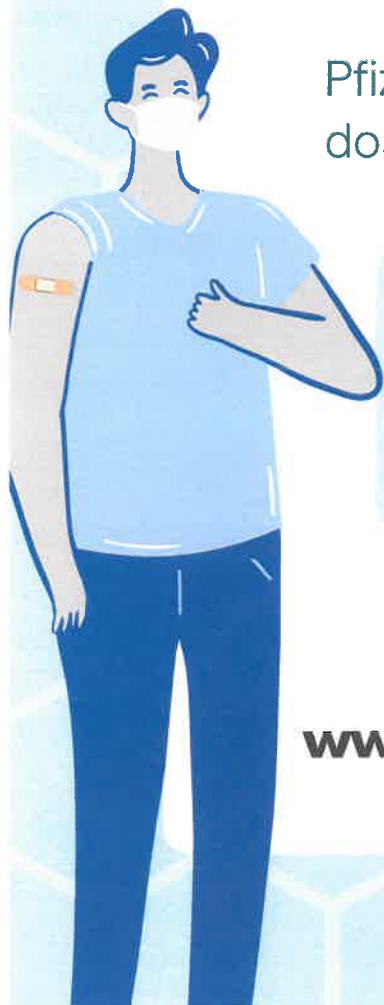
3:00 P.M. - 7:00 P.M.

WALK-INS WELCOME!

Ages 12 and up are welcome!

Children 12 through 17 years old must be accompanied by a parent or guardian.

Pfizer vaccine will be given and second doses will be scheduled on site.



**Burlington High School  
400 McCanna Parkway  
Burlington, WI 53105**



For more information or to schedule  
an appointment please visit:

**[www.crchd.com/covid-19-vaccine](http://www.crchd.com/covid-19-vaccine)**

## COVID-19 VACCINE ADMINISTRATION RECORD

I have been given a copy and read or have had explained to me the information in the Emergency Use Authorization Use (EUA) of the COVID-19 Vaccine to prevent Coronavirus disease. I agree that I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of receiving a vaccine approved under an Emergency Use Authorization from the FDA. I request that the immunization be given to me or the person named below for whom I am authorized to make this request.

I agree to remain at the vaccination site for a minimum of 15 minutes following the immunization. I understand and have been given information on local and systemic post-vaccination symptoms, treatment of post-vaccination local or systemic symptoms, if medically appropriate, and information on Vsafe and VAERS vaccine adverse events.

I understand information collected on this form will be used to document authorization for receipt of vaccines. The information will be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with the patient to assure completion of the vaccine schedule. Information collected on this form is voluntary and confidential. **Please Print.**

Patient's Name (Last, First, Middle Initial):		Date of Birth:	Age:	<input type="checkbox"/> Male	
				<input type="checkbox"/> Female	
Maiden Name:		Other last names you've had:		Weight:	
Telephone Number:		County:			
Address:		City:	State:	Zip:	
Ethnicity (check one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race (check one): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other			
<b>Questions for person receiving vaccine:</b>				<b>Yes</b>	<b>No</b>
1. Are you feeling sick today?				<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever received a dose of COVID-19 vaccine? If yes, which vaccine product? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Another product _____				<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had an allergic reaction to something? This would include a severe allergic reaction (anaphylaxis) that required treatment with epinephrine or EpiPen®, or for which you had to go to the hospital. It would also include an immediate allergic reaction that occurred within 4 hours that caused hives, swelling or respiratory distress, including wheezing.				<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, was the severe or immediate allergic reaction from a component of a COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures?				<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, was the severe or immediate allergic reaction from Polysorbate?				<input type="checkbox"/>	<input type="checkbox"/>
c. If yes, was the severe or immediate allergic reaction from a previous dose of COVID-19 vaccine?				<input type="checkbox"/>	<input type="checkbox"/>
d. If yes, was the severe or immediate allergic reaction after receiving another vaccine or injectable medication?				<input type="checkbox"/>	<input type="checkbox"/>
4. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? If yes, what date? ___/___/___				<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?				<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a weakened immune system caused by something such as HIV infection, cancer or do you take immunosuppressive drugs or therapies?				<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a bleeding disorder or are you taking a blood thinner?				<input type="checkbox"/>	<input type="checkbox"/>
8. Are you pregnant or breastfeeding?				<input type="checkbox"/>	<input type="checkbox"/>
Signature consent of person to receive vaccine or authorized person:  X _____			Date: _____		

*Pre-order your Bulldog Bites 2020-2021 Cookbook from Washington Caldwell PTO!*

## **Bulldog Bites PTO Cookbook Order Form**

NAME: \_\_\_\_\_

PHONE OR EMAIL CONTACT:

\_\_\_\_\_

\_\_\_\_\_

QUANTITY OF COOKBOOKS: \_\_\_\_\_

QUANTITY X \$15 = TOTAL DUE: \_\_\_\_\_

**\*\*PLEASE TAKE \$1 OFF PER BOOK IF YOU  
CONTRIBUTED RECIPES!**



MAKE CHECKS TO WASHINGTON CALDWELL PTO.

***COOKBOOKS WILL BE AVAILABLE FOR PICKUP AT ROCK THE BLOCK  
AND SCHOOL NEXT FALL!***

## WATERFORD RECREATION DEPARTMENT

# SUMMER PLAYGROUND '21

**DATES:** June 21-August 6

**LOCATION:** Fox River Middle School

**GRADES:** Entering 5k - Entering 6th Grade

## PRICING

<b>SUMMER PLAYGROUND</b> (ALL 7 WEEKS - CLOSED JULY 5TH)	<b>9AM-3PM</b>	<b>\$350</b>
<b>SP BEFORE CARE</b> (ALL 7 WEEKS)	<b>7AM-9AM</b>	<b>\$195</b>
<b>SP AFTER CARE</b> (ALL 7 WEEKS)	<b>3PM-6PM</b>	<b>\$250</b>
<b>THURSDAY FIELD TRIPS</b> (ALL 7 FIELD TRIPS)	<b>9AM-3PM</b>	<b>\$275</b>
<b>THURSDAY FIELD TRIPS BEFORE AND AFTER CARE</b>	<b>7AM-9AM 3PM-6PM</b>	<b>\$85</b>
<b>FLEX DAYS - DAILY RATE</b>	<b>7AM-6PM</b>	<b>\$32</b>

Summer Playground is 7 weeks of fun at Fox River Middle School. Let your children learn and explore while having fun! Daily activities such as sports of all sorts, arts & crafts, hikes, and more! Plus themed weeks, water days, bike days, field trips and more!!

**262.514.8200 x1131**

**<http://bit.ly/WaterfordRecreation>**

