



Summer Youth Recreation Program Information

The Summer Recreation Program is a 6-week program that runs Monday through Thursday. Children who live in Brooklyn are welcome to spend time in this program for a safe place to have fun, socialize and learn a little during the summer months. Activities include t-ball, arts & crafts, snacks and even a few fun field trips. We look forward to another great summer and meeting all of the children interested in the program. On the last thursday of the program we held an *End of the Summer Session* family picnic that we strongly encourage you to attend with your family and child(ren).

Once your child has signed in for the day, they will not be able to leave the program unless they are picked up by a parent/guardian or the Recreation Coordinator has been notified.

A drink and snack will be provided daily. *We would be grateful if each family would send a snack on the first day of attendance - enough for 40 children. (ie. graham crackers, pretzels, cookies, fruit snacks).*

Dates & Time:

6 week session - Mondays-Thursdays
June 26th-August 3rd, 2017 - 1-4pm

Age Range

5 -12 years old

(We require that children have attended kindergarten to join. Please contact us with questions about this)

Cost of Program:

\$30 Per Child

(\$10 for each additional child in your family.
Field trips are an extra cost)

Session Group Photo Date:

July 13th, 2017

** In order to be guaranteed a t-shirt for your child(ren) we MUST have registration in by June 19th, 2017 (The Monday before 2017 Summer Youth Recreation session starts).*



Brooklyn Recreation Committee
is part of The Village of Brooklyn
PO Box 189, 210 Commercial Street,
Brooklyn, WI 53521

www.brooklynwi.gov
www.brooklynrecreation.org
www.facebook.com/BrooklynRecWI
www.twitter.com/BrooklynRecWI



Summer Youth Recreation Registration Form

Child's Information:

Name of Child: _____ Date of Birth _____ | _____ | _____

Any special conditions that should be known (Such as medications, allergies, etc.)?

T-Shirt Size:

___ Small (6-8) ___ Medium (10-12) ___ Large (14-16) ___ Adult Small ___ Adult Medium ___ Adult Large

** In order to be guaranteed a t-shirt for your child(ren) we MUST have registration in by June 20th 2016*

Parent(s)/ Guardian(s) Information:

Name of Mother (or guardian #1): _____

Name of Father (or guardian #2): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email Address: _____

Emergency Contact(s):

Name of Contact (#1): _____ Relationship to Child: _____

Phone Number: (____) _____

Name of Contact (#2): _____ Relationship to Child: _____

Phone Number: (____) _____

_____ My child has my permission to participate in Brooklyn's Summer Recreation Program. I understand that my child is not covered by the Village of Brooklyn insurance and that I am responsible for any injury that may occur during activities and field trips.

_____ I grant Brooklyn Recreation the right to take photographs of me and my family in connection with the above-identified event. I agree Brooklyn Recreation may use such photographs for any lawful purpose, including publicity, illustration, advertising, and Web content.

_____ I paid \$30.00 and \$10.00 for each additional child. Checks made payable to the Village of Brooklyn).

_____ Please See Additional Children Form enclosed.

Signature: _____

Date: _____ | _____ | _____

A successful program requires parent involvement.

Please consider contributing to the success of your children's summer recreation activities.

On June 26th, Summer Youth Recreation Crew will meet at 1pm here:

Brooklyn Community Building, 102 N Rutland Ave, Brooklyn, 53521



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Summer Youth Recreation Additional Children Form

Child's # 2 Information:

Name of Child: _____ Date of Birth _____ | _____ | _____

Any special conditions that should be known (Such as medications, allergies, etc.)?

T-Shirt Size:

___ Small (6-8) ___ Medium (10-12) ___ Large (14-16) ___ Adult Small ___ Adult Medium ___ Adult Large

** In order to be guaranteed a t-shirt for your child(ren) we MUST have registration in by June 20th 2016*

Child's #3 Information:

Name of Child: _____ Date of Birth _____ | _____ | _____

Any special conditions that should be known (Such as medications, allergies, etc.)?

T-Shirt Size:

___ Small (6-8) ___ Medium (10-12) ___ Large (14-16) ___ Adult Small ___ Adult Medium ___ Adult Large

** In order to be guaranteed a t-shirt for your child(ren) we MUST have registration in by June 20th 2016*

Child's # 4 Information:

Name of Child: _____ Date of Birth _____ | _____ | _____

Any special conditions that should be known (Such as medications, allergies, etc.)?

T-Shirt Size:

___ Small (6-8) ___ Medium (10-12) ___ Large (14-16) ___ Adult Small ___ Adult Medium ___ Adult Large

** In order to be guaranteed a t-shirt for your child(ren) we MUST have registration in by June 20th 2016*

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Signature: _____

Date: _____ | _____ | _____



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