



2025 Summer Youth Recreation

The 2025 Summer Recreation Program is a 5-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.

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. (graham crackers, pretzels, cookies, fruit snacks).

Dates & Time:

5 week session - Mondays-Thursdays
July 7th-August 7th 2025 (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:

\$50 Per Child

(\$25 for each additional child in your family.
Field trips are an extra cost)

*** In order to be guaranteed a t-shirt for your child(ren) we MUST have registration in by Friday June 27th, 2025.**



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

www.brooklynwi.gov
[www.Facebook.com/BrooklynRecWI](https://www.facebook.com/BrooklynRecWI)
[www.Twitter.com/BrooklynRecWI](https://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

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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 \$50.00 and \$25.00 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 July 7th, Summer Youth Recreation Crew will meet at 1pm at the 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

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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

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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

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Signature: _____

Date: _____ | _____ | _____



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