SUMMER DAY CAMP - GRADES entering K- entering 5TH ONLY
(See TEEN CAMP for 6th – 8th)
June 29th - August 7th
Held at the Brooklyn Elementary School
No camp on July 3rd. (July 4th observed)
Program times: 9:00am-4:00pm
Additional time for drop off: 8:00am-9:00am
Additional time for pick up: 4:00pm-5:00pm
There is no additional charge for early drop off or late pickup, as listed above. Camp is held at the Brooklyn Elementary School. 3rd child rate/Brooklyn residents only: Equals 1/2 of the camp fee for weeks chosen.

Camp has 6 one-week sessions. Sign up for all six weeks and save!

<table>
<thead>
<tr>
<th>Brooklyn Residents Only</th>
<th>Early Bird Registration</th>
<th>March 16th - May 14th</th>
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<tbody>
<tr>
<td>Fee is $105.00 per week. Or sign up for all six weeks for $530.00!</td>
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<tr>
<th>Late Registration</th>
<th>May 14th - June 11th</th>
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<td>Fee is $135.00 per week or all six weeks for $680.00</td>
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* NON-Residents May 1st - June 11th
Fee is $145.00 per week or all six weeks for $830.00.

*Non Resident-Immunization / Medical, (Birth Certificate 1st time registration only) are required at time of registration.

Trip/Activity costs are NOT included in the camp fees. T-shirt fee must be added to camp fees for Late or Non-resident only. T-shirt is $5.00.

IMPORTANT REGISTRATION INFO FOR THIS CAMP PROGRAM:
Trip/activity costs must be paid in full at time of registration for all above options and is not optional. Late Registration and NON- residents must pay the trip cost at time of registration and have all camp fees paid in full by June 11th. If you print your form from the town website: Please refer to the camp calendar in the packet for trip info and costs. Brooklyn Parks & Recreation maintains a no refund policy. If you plan on requesting a campership from our department, from any outside agency or will be receiving financial assistance from agencies such as DCF, please be aware that all deadlines still need to be met and all fees need to be paid by either the agency or parent/guardian if not covered by financial assistance. (Our department will no longer be participating in Care for Kids) We do not provide additional copies of receipts for tax purposes; please keep your information for tax time.

Our tax # is 06-6001967.

Special night registration will be held May 14th. Our office will be open 6:00-8:00pm.
Saturday registration will be held on June 6th from 9:00am-noon.

DEADLINE IS JUNE 11TH!
Brooklyn Parks & Recreation Office Phone – 860-779-3411 Option 7
Mailing address and Office location: 69 South Main St, Brooklyn.
Located behind the Senior Center in the Clifford B. Green Memorial Building.
SUMMER DAY CAMP POLICIES – 2020

Please note: Camp is held at the Brooklyn Elementary School

Any questions concerning these regulations or any other camp issue, prior to camp beginning should be directed to the Parks & Recreation office at 860-779-3411, option 7. You may also speak with the Camp Director after camp begins, at 860-617-2465.

DROP OFF/PICK UP POLICY:
Children may be dropped off beginning at 8:00 AM and must be picked up by 5:00 PM. Camp runs from 9:00am – 4:00pm. Although your child can arrive most days after 9:00am or leave prior to 4:00pm, on field trip days all campers should be at camp no later than 9:00am. Our buses will leave on time for each trip, and no staff members remain behind at program. If you are scheduling appointments for your camper, keep our field trip schedule in mind. We may not be back in time for you to accommodate an afternoon appointment. NO CHILD SHOULD BE DROPPED OFF AT CAMP BEFORE 8:00AM. NO CHILD SHOULD REMAIN AT PROGRAM LATER THAN 5:00PM.

ATTENDENCE POLICY:
Attendance will be taken each morning of camp, but you are not required to call camp if your child is not attending on any particular day. However, if an unexpected prolonged absence happens, please call the office or camp director so we are aware of this issue.

LATE PICK UP POLICY:
If the parent(s)/guardian(s) pick up after 5:00 PM, Campers left after 5:00pm may be issued warnings. Second late pick up may result in a $5.00 per 5 minute charge. A third incident may result in the camper being removed from the program. This fee would be paid in full with cash or check and given directly to the staff on duty.

LUNCH POLICY:
The Brooklyn Schools are anticipating offering a breakfast & lunch program for the town, which would also be available for our campers. Info about what is provided will be available when it becomes available from the school. If your child prefers lunches from home, you should provide an appropriate lunch with a beverage each day. We do not have refrigeration or use of a microwave for lunches. Please send a non-perishable lunch. Adding an ice pack or freezing one of their juice boxes is helpful to keep lunches cool and fresh.

SUNSCREEN POLICY:
Parents are responsible for providing sunscreen and/or sun protection for their child. However, the sunscreen should be applied first at home in the morning, before the child arrives to camp. Parents who plan to leave sunscreen/sun protection with our health supervisor, and have the supervisor supply it to the camper for use during the day should speak to the health supervisor on the first day of camp to request this option. Please return the attached form before camp begins and bring the sunscreen or other ointments to the camp administration on the first day. if you want this option available. Counselors are not able to apply sunscreen to a camper.

ILLNESS:
Parents are asked to use their discretion regarding their child’s health in relation to camp. Please do not send your child to camp if they are not feeling well. If a child becomes sick while at camp, a parent or the emergency contact person will be called.

DISCIPLINE POLICY:
All Campers are expected to act in an appropriate manner. Any minor incidents of misbehavior will be reported to the parent at the end of the day. The camp staff will take appropriate action at the time of the incident. Appropriate action may include but not limited to the following: removing the child from the activity and/or having the child report to the director’s office. Behavior at camp is expected to be respectful and rule abiding. Campers who do not follow the rules set by the camp or counselors may be issued a written warning. After three warnings a camper may be removed from the program. Suspensions are also issued for unsafe or extremely disrespectful behavior. No refunds will be given for any missed days due to disciplinary actions or dismissals from program.

DISPENSING MEDICATION:
Medication prescribed for campers must be kept in original containers bearing the pharmacy label, and all related information. All over the counter medications for campers must be kept in their original container with its original label, which shall include directions for use. All medication prescribed for campers will be administered by the Camp Health Supervisor. If the medications require refrigeration, please inform the Camp Director or Health Supervisor. When no longer needed, medications shall be returned to a parent or guardian whenever possible. Any medications not picked up by the last day of camp will be disposed of.

FIELD TRIP INFO: Your child must wear their red camp T-shirt on the days of the field trips. Your child should be dressed appropriate for the weather. Footwear that is appropriate for camp activities should be worn at all times. If you decide not to send your child on a field trip: We do not discount the weekly rate for not attending a trip, and do not have any staff at the program location during field trips. ALL trip/activity costs must be paid as shown on the registration form. These fees are not optional.
# Summer Day Camp Calendar

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<td></td>
<td>30</td>
<td>1</td>
<td>2</td>
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<tr>
<td>$15.00</td>
<td>Camp Begins</td>
<td>Wingmaster at camp</td>
<td>General Store</td>
<td>Southwick Zoo</td>
<td></td>
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<tr>
<td>29</td>
<td></td>
<td>Ice Cream Cart</td>
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<td>9</td>
<td>10</td>
<td>11</td>
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<tr>
<td>$10.00</td>
<td></td>
<td>Mystic Seaport</td>
<td>General Store</td>
<td>Mini-Golf at Camp</td>
<td>Ice Cream Cart</td>
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<td>16</td>
<td>17</td>
<td>18</td>
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<tr>
<td>$10.00</td>
<td>Summer Slam meets this week</td>
<td>Skate Inn – afternoon trip</td>
<td>General Store</td>
<td>Riverside Reptile at camp</td>
<td>Ice Cream Cart</td>
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<td>25</td>
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<tr>
<td>$20.00</td>
<td></td>
<td>Campardy at camp</td>
<td>General Store</td>
<td>Breezy Park Waterslide</td>
<td>Ice Cream Cart</td>
<td>Rain date for Breezy Park</td>
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<td>1</td>
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<tr>
<td>$20.00</td>
<td></td>
<td>Breezy Park Swim Only</td>
<td>General Store</td>
<td>Traveling Touch Sea Tanks at camp</td>
<td>Family Day with lunch, Mr. Magic and Ice Cream Cart</td>
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<td>27</td>
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<td>8</td>
</tr>
<tr>
<td>$30.00</td>
<td></td>
<td>Quassy Amusement Park – Late pickup 6:00pm.</td>
<td>General Store Rain date for Quassy</td>
<td>Wacky Olympics Ice Cream Cart</td>
<td>Skate Inn – afternoon trip</td>
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- **Red shirts should be worn for all trip days.**
- **General Store** is a snack shop open to campers once a week. Snacks and drinks are available for purchase, proceeds go to the Jim Boyle Campership Fund. **Ice Cream Cart** is available for purchase also on dates shown.
- **Our late pick-up day is Quassy Amusement Park scheduled for Tuesday, Aug 4th.** All campers will need to be picked up at 6:00pm.
- **Lunches are available through the Town’s summer lunch program.** All Campers can request a lunch each day. Lunch orders are taken on a daily basis. Campers will inform their counselors if they are taking the available lunch option or if they have brought a lunch to camp. **If your child would prefer to bring their lunch**, they may do so. Please pack nonperishable lunches only and include an ice pack or frozen juice or water to keep everything fresh. No microwave is available.
PERMISSION FORM FOR PRESCRIBED MEDICATION

THIS FORM MUST BE RETURNED BEFORE DAY CAMP BEGINS IF WE ARE TO ADMINISTER MEDICATION AND MUST BE COMPLETED BY A PHYSICIAN.

Date form received by camp: ________________
Camper: ___________________________ Date of birth: ___________________________
Grade: ___________________________ Age: ___________________________

To be completed by physician or authorized prescriber:

Reason for medication: ________________________________________________________
Name of medication: __________________________________________________________

Form of medication/treatment:
___ Tablet/Capsule    ___ Liquid    ___ Inhaler    ___ Injection    ___ Nebulizer    ___ Other

Instructions (Schedule and dosage to be given at camp): ________________________________
______________________________________________________________________________
Start: Date form received ________ Other date: ________
Stop: End of camp ________ Other date: ________

Restrictions and /or important side effects:   None Anticipated _____
If Yes, please describe: __________________________________________________________
Plan for management if any occur________________________
______________________________________________________________________________

Has child had any adverse reactions to this medication? Not previously given ________
No______ Yes_____ If yes, explain ______________________________________________________

Special storage requirements:    None _____ Refrigerate _____ Other: ______________________________________________________________________

This student is both capable and responsible for self-administering this medication:
No___________ Yes-Supervised _____________ Yes-Unsupervised___________

Please indicate if you have provided additional information:
On back side of this form __________ As an attachment __________

Signature__________________________________________ Date_________________________
Physician’s name: __________________________________________________________________________
Address: ______________________________________________________________________
Telephone # __________________________________________

To be completed by parent/guardian:
I give permission for (name of child)________________________ to receive the above medication at camp according to standard camp policy.

Signature__________________________________________ Date_________________________

Print Name__________________________________________ Relationship________________________________
BROOKLYN SUMMER DAY CAMP
NOTE TO STAFF: Please circle appropriate option:
Early Bird (Mar 16th – May 14th) Late Reg (May 14th – June 11th) Non-resident (May 1st – June 11th)

SUMMER DAY CAMP
Whole Program_____ or if selective weeks only, please indicate which weeks below:

Week1- June 29-July 2_____ (no camp on July 3) Week2- July 6 -10______ Week3- July 13-17______

Week4- July 20-24 _____ Week5- July 27-31_______ Week6 Aug 3-7 ____

Child's Name______________________________________Age______ Grade entering ______
Mailing Address____________________________________
Street Address_____________________________________
Home Telephone Number______________________________Cell#______________
Email _______________________________________________

T-Shirt size:  YS  YM  YL  AS  AM  Please circle preferred size. We match as closely as possible.
Mother/Guardian Name ______________________________________
Work or Cell Phone_________________________Work Hours________________________

Father/Guardian Name ______________________________________
Work or Cell Phone_________________________Work Hours________________________

WHOM MAY WE CONTACT IN CASE OF AN EMERGENCY. (other than parent/guardian)
Name__________________________________Home/Cell Phone#_____________________
Relationship______________________________

Name_________________________________________Home/Cell Phone#_____________________
Relationship______________________________

I, the undersigned, have chosen to allow my child to participate in the Brooklyn Recreation Program. I understand that this is not a medically supervised program, but it does employ a health supervisor, who is CPR/First Aid certified. I accept responsibility for any personal injury my minor child might incur while participating in the Program. I release and indemnify the Town of Brooklyn and its agents, officers and employees from any liability which may occur as a result of my/my child’s participation in the Brooklyn Recreation Program. I further attest that the information provided in this application is true to the best of my belief. I understand that Brooklyn Parks & Recreation maintains a no refund policy. I have been given details of the program, including information on additional fees for the program I have registered for.

Parent/Guardian Signature ______________________________ Date ________________

There are times when changes to the schedule, location or activities are needed and beyond our control. We reserve the right to make these changes to programs as needed.

Office Use Only: Circle One: EARLY BIRD LATE REGISTRATION NON-RESIDENT

<table>
<thead>
<tr>
<th>CAMP FEE</th>
<th>DATE</th>
<th>RECEIPT #</th>
<th>AMOUNT PD</th>
<th>BALANCE</th>
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<tr>
<th>TRIP FEE</th>
<th>DATE</th>
<th>RECEIPT #</th>
<th>AMOUNT PD</th>
<th>BALANCE</th>
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T-SHIRT FEE - $5.00

- [ ] Paid
- [ ] Received

Trip fee must be paid in full at registration.
PICK UP RELEASE FORM
I give my consent to the Brooklyn Summer Recreation Program to release my child(ren) to the following persons (other than parent/guardian) in addition to the emergency contacts listed elsewhere in this registration packet. The following are authorized to take child(ren) from the program or receive them at the end of the day:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Home/Cell Phone #</th>
<th>Relationship</th>
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If there is anyone who should NOT pick up your child, by court order only, please include this info on your child’s form and include a copy of the court order.

If anyone other than those listed in this registration packet will pick up your child/children at any time, please contact the camp with the name and contact info for this person. A note should be sent in ahead of time whenever possible when someone other than those listed here are picking up your child.

BROOKLYN PARKS & RECREATION TRANSPORTATION & PHOTO RELEASE FORM
I, being the parent or legal guardian of (child's name) __________________________ give permission to the Brooklyn Parks & Recreation Program to transport my child, by bus to and from any field trips planned for the program.

I understand that programs, events and other department activities may be photographed and used for publicity or promotional purposes. I further understand that I waive any rights to ownership or compensation for these photos. No names will be attached to the photos without further consent from the parent/guardian.

(If there are special circumstances which would prohibit us from including your child in a photo, please inform our office staff at the time of registration and camp staff on the first day).

Parent/Guardian Signature ____________________________

Medical Release Form:
I, being the parent or legal guardian of __________________________ hereby authorize Brooklyn Parks & Recreation Department, or their designator to obtain emergency medical care to be rendered by competent medical physicians or paramedics in the event the above-named child should require such attention during the Day Camp Program.

I further understand that I will be responsible for any hospital expense or insurance coverage that may be needed in case of emergency during his or her participation in the Day Camp Program.

I hereby permit the camp health supervisor to share pertinent health information with counselors which I understand will be held in strict confidence.

I hereby give permission to the Brooklyn Parks and Recreation Department to access any and all Health records as needed from the Brooklyn School system during the Day Camp Program, if my child is a Brooklyn student. If my child is not a Brooklyn student, I understand I must hand in the most current physical form and immunization records before camp begins. If this is the first year they have attended camp, a copy of their birth certificate must be included.

INSURANCE COMPANY ____________________________ ID# __________________________

Please list any issues we should be aware of: ____________________________________________

Medications: __________________________________ Allergies: __________________________________

I have read fully and consent to the above Medical Release Form and Insurance Release for my child regarding the Day Camp Program.

SIGNATURE __________________________________ DATE __________________________
AUTHORIZATION FOR THE ADMINISTRATION OF ACETAMINOPHEN

IF YOU ARE REQUESTING OUR HEALTH SUPERVISOR TO ADMINISTER ACETAMINOPHEN (TYLENOL) WHEN OR IF NEEDED, PLEASE COMPLETE THIS FORM.

TO BE USED FOR PARENTAL/GUARDIAN REQUESTS WITHOUT A PHYSICIAN/DENTIST ORDER

The state laws and regulations permit Parks & Recreation Camps to accept requests from parents/guardians to give acetaminophen (Tylenol) to a student. In such cases, the order of a licensed physician or dentist is not required.

INFORMATION PROVIDED BY PARENT/GUARDIAN

Camper’s Name:__________________________________________________________________

Address: __________________________________________________________________________

__________________________________________________________________________________

Age: ___________      Weight: ____________

Allergies: _______________________________________________________________________

Acetaminophen to be administered during camp dates/hours only: For the dates below or for those dates within this timeframe which your child attends camp.

From: **June 29th**

To: **Aug 7th**

I hereby request that acetaminophen be administered to my child by the appropriate camp personnel and in accordance with state regulation. I understand and agree that acetaminophen will be administered only for situations that have been previously described to me. I further understand and agree that the dosage and frequency of this medication will be determined by standing orders approved by the camp health supervisor/Camp Coordinator.

Parent/Guardian Name: ________________________________

Address: _______________________________________

__________________________________________________________________________________

Relationship to child: ___________________________________________

Home Phone: ___________________   Work/Cell Phone__________________

Signature: ____________________   Date: __/__/__

************************************************************************

FOR OFFICE/Health supervisor/Camp Coordinator USE ONLY:

Reviewed/Received: _______________________________   Title: ____________________________
Brooklyn Parks & Recreation Department

Parent/Guardian Authorization for Administration
Of Topical Lotion or Non-prescription Topical Medication

Child’s Name________________________________________________DOB_____________

Program:    Summer Recreation______    After School/Before School/Vacation program________

I give the staff/health supervisor permission to administer the below topical lotions or non-prescription topical medication to my child. I have provided the lotion in its original container with the directions for use clearly visible and labeled with my child’s name. If I have not supplied any and the health supervisor or program administration believes it is needed, I grant permission to apply the brand/type of topical lotion/medication available to staff at the program.

CHECK THE ITEMS BELOW THAT YOUR CHILD IS ALLOWED TO HAVE APPLIED DURING OUR PROGRAM. In the space to the right of each, note any specific information such as brand you are bringing to program (if you do supply the item), instances in which you would like the item used for specific reasons or during a specific timeframe only. (for example: Anti-Itch cream for poison ivy). If your child will require any of these over-the-counter lotions, creams or sprays on a regular basis throughout the program, please supply the item to our staff or health supervisor. Return this form before camp begins and deliver the sunscreen or other ointments to camp administration when camp begins. If you provide your own, you must administer at least one dose of this lotion to your child without adverse effects.

☐ SUN SCREEN-_______________________________________________________

☐ INSECT REPELLANT-________________________________________________

☐ ANTI ITCH-_________________________________________________________

☐ ANTIBIOTIC OINTMENT/FIRST AID CREAMS-___________________________

☐ FIRST AID /PAIN RELIEF SPRAY - _____________________________________

________________________________________________________

Parent/Guardian Signature    Date

OFFICE/STAFF USE ONLY:

List boxed/labeled above mentioned items received from parent: __________________________

________________________________________________________

Start date: ______________________  Ending Date: ______________________
Brooklyn Parks & Recreation
Information request

Please read the attached form from the Brooklyn Schools, in conjunction with our department.

This request is to allow us to prepare for and provide the best possible experience for your child at our program.

If your child does not attend the Brooklyn Schools, please provide any information which you believe will enhance their experience with us including any information about medical, physical, social and behavioral circumstances. This information will assist our department and staff when working with your child.

Our goal is to make our programs welcoming to all who wish to participate.

All information is kept confidential.
Thank you for your assistance.
RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I hereby authorize The Brooklyn School to: [X] Release  [X] Request

The following records of my child: 

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
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<tbody>
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| X | Social Work Records |
|   | Psychological Records |
|   | Speech Evaluations and Reports |
|   | Education Evaluation and Reports |
| X | Planning and Placement Team Minutes |
|   | Individual Educational Plans |
|   | Admission Summaries |
|   | IISIS Information |
|   | Health Records |
|   | Achievement Scores |
|   | Anecdotal Information |
|   | Academic Records/Grades |
|   | Guidance Evaluation Check Sheets and Reports |
|   | Psychiatric Report(s) |
|   | Discharge Summaries |
|   | Other (please specify) |

School Now Attending: Brooklyn Public Schools

In conjunction with Brooklyn Public Schools, I hereby authorize the release of academic, health, psychological, special education records and any other pertinent information for the above named.

Parent/Guardian Signature _________________________ Date ____________

Please send records to: The Brooklyn School

119 Gorman Road, Brooklyn, CT 06234

Special Education Records to the attention of Director of Special Education

All other records to the attention of the Elementary School (Grades PK-4) or Middle School (Grades 5-8) Principal

Note: When Brooklyn releases confidential information, it is on the condition that no other party will have access to it without written consent of parents/guardians on the student if he/she is of majority.