CITY OF BROOKFIELD DEPARTMENT OF PARKS, RECREATION & FORESTRY

SUMMER SCHOOL EXTENSION REGISTRATION FORM

In cooperation with the School District of Elmbrook summer school program, this program will provide recreational opportunities for students in grades K through 6. **To be eligible for this program you must attend a school within the Elmbrook School District *and* be enrolled in the SDE summer school program during 3rd period.** Registration for this program takes place during the summer school registration period. Although acceptance to this program is not guaranteed, please make checks payable to Brookfield Parks and Recreation. If your child(ren) is/are accepted into the program, a program receipt from the Parks and Recreation Department will be mailed to your household as notification of enrollment. **This program takes place at Dixon Elementary, students will be bussed from PPMS to Dixon**. Activities will include daily swimming at the Wirth Aquatic Center. All students must bring a cold lunch daily and a snack for after swimming. The program concludes promptly at 5:00 p.m. Parents must pick up participants at this time from Dixon Elementary.

Class Code	Gr.	Days	Dates	Time	Res.	EBSD	Non Res.
128201-01	**K-6**	**M-F**	**6/18-7/13** (No Program Wednesday 7/4)	**12:15P—5:00P**	**$300**	**$450**	**$600**

RESIDENTS living within the boundaries of the City of Brookfield and/or the Elmbrook School District (EBSD) are eligible for all City sponsored programs and activities. Elmbrook School District residents who do not reside within the City of Brookfield (i.e. Elm Grove, and some limited areas of New Berlin and the Town of Brookfield) will be required to pay 1 ½ the registration fee. Non residents will be accepted into the program only if space allows.

Note: **Completing this form does not guarantee enrollment in the City of Brookfield's Summer School Extension program. Registrations are accepted by order of registration with a program capacity of 75 students. All accepted participants will receive a program receipt in the mail by April 30, 2012. All registrants processed over the max count of 75 will be placed on a waitlist in the order they were received and your check will be mailed back to you. Waitlisted participants will be notified by phone if an opening in the program becomes available at which time payment is due. Non residents will be accepted into the program only if space allows.**

Camper's Name (Last) _____ (First)_____ Gender_____

Address_____ City_____ Zip_____

Birth Date_____ Age_____ Grade as of April 2012_____**(Current grade)** _____

WAIVER & CONSENT

EMERGENCY CONTACTS

Parents / Guardian Name:_____Phone:_____ Cell Phone:_____

Email:_____

Secondary Contact Name:_____Phone: _____Cell Phone:_____

I hereby give my consent that, in case emergency care is required and parents/assignee cannot be reached, City personnel may be authorized to obtain medical treatment for the listed participant at the hospital emergency room via the City of Brookfield Rescue Squad. I understand that the City provides no medical insurance for participants and that the cost thereof will be at my expense. I, the undersigned, do hereby agree to allow the individual named herein to participate in the activity indicated. I am aware of and understand that there may be risks inherent with participation in any recreation activity, and that the City of Brookfield does not provide accident insurance and cannot assume responsibility for injury to any participants in its recreational programs. I further understand the eligibility requirements and that there is NO TRANSFER OF FEES ALLOWED OR REFUNDS

FOR BPRF OFFICE USE ONLY:

Cash or Check **Amount Paid $**_____ **Date**_____ **Rec'd By**_____