



**BOYS & GIRLS CLUB
OF CAPE COD**

PO Box 895, Mashpee, MA 02649
31 Frank E. Hicks Drive, Mashpee, MA

Phone: 508-477-8845 Fax: 508-477-1991

info@BoysGirlsClubCapeCod.org

GREAT FUTURES START HERE.

SUMMER 2020 REGISTRATION FORM

Please fill out one Registration Form per Child

Name of Child _____ Age _____

Date of Birth _____ Grade Entering in September of 2020 _____

Name of School Attending in 2020 _____

A \$25 PER WEEK, PER CHILD, NON-REFUNDABLE DEPOSIT IS REQUIRED UNTIL May 1

**After May 1, 50% required.*

- ___ Week 1 — June 22 thru June 26
- ___ Week 2 — June 29 thru July 3 **Closed (7/3)**
- ___ Week 3 — July 6 thru July 10
- ___ Week 4 — July 13 thru July 17
- ___ Week 5 — July 20 thru July 24
- ___ Week 6 — July 27 thru July 31 **Closed (7/27)**
- ___ Week 7 — August 3 thru August 7
- ___ Week 8 — August 10 thru August 14
- ___ Week 9 — August 17 thru August 21

___ Total # of weeks X \$ _____ = \$ _____

10% discount if paid in full/ 7 WK Min.

Tuition: \$175.00 per week / \$160 for 2nd child or more.

**One Time Registration fee per child for Members - \$10
For Non-Members - \$35**

Camp T-Shirt Sizes

(PLEASE CIRCLE)

Child Sizes:

- SMALL
- MEDIUM
- LARGE

Adult Sizes:

- SMALL
- MEDIUM
- LARGE

T-SHIRTS ARE REQUIRED TO BE WORN ON ANY FIELD TRIP DAY. MEMBERS WHO FORGET THEIR T-SHIRTS WILL BE ASKED TO CALL HOME FOR ONE TO BE BROUGHT.

Payment methods: check or credit card (Visa or MasterCard only).

All fees are non-refundable and must be paid in full by June 3.

After May 1, payments in FULL. Payment plans are available through 6/3/2020

LIMITED FINANCIAL AID IS AVAILABLE ON A FIRST COME, FIRST SERVE BASIS.

I hereby give permission for my child to participate in on-site activities at the club, and to travel outside the club for scheduled field-trips. I understand that I will assume full responsibility for any accidents incurred, thereby releasing the Boys & Girls Club of Cape Cod, its staff, volunteers and directors of all liabilities. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, and that if I cannot be reached, I hereby authorize the Boys & Girls Club of Cape Cod to transport my child to a hospital or medical facility to secure the necessary medical treatment. I understand that failure to comply with the rules and regulations of the club may result in my child's expulsion from the program.

(Parent or Guardian signature)

(Date)

Invoices will be sent to the following Email Address: _____