

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

GREAT FUTURES START HERE.

Phone: 508-477-8845 Fax: 508-477-1991 info@BoysGirlsClubCapeCod.org

SUMMER 2022 REGISTRATION FORM

Please fill out one Registration Form per Child

Name of Child_____

___ Age_____

Date of Birth_____ Grade Entering in September of 2022 _____

Name of School Attending in 2022_____

A \$25 PER WEEK, PER CHILD, NON-REFUNDABLE DEPOSIT IS REQUIRED UNTIL May 6

After May 6, 50% required. Week 1 — June 27 thru July 1 Week 2 - July 4 thru July 8, Closed 7/4 Camp T-Shirt Sizes (PLEASE CIRCLE) Week 3 — July 11 thru July 15 Child Sizes: • SMALL Week 4 — July 18 thru July 22 MEDIUM Week 5 — July 25 thru July 29 LARGE Week 6 — August 1 thru August 5 Adult Sizes: Week 7 — August 8 thru August 12 SMALL MEDIUM Week 8 — August 15 thru August 19 LARGE Week 9 — August 22 thru August 26 T-SHIRTS ARE REQUIRED TO ____ Total # of weeks X \$_____ = \$___ BE WORN ON ANY FIELD TRIP 10% discount if paid in full/ 7 WK Min. per child DAY. MEMBERS WHO FORGET THEIR T-SHIRTS WILL BE Tuition: \$185.00 per week / \$170 for 2nd child or more. ASKED TO CALL HOME FOR One Time Registration fee per child for Members - \$10 ONE TO BE BROUGHT. For Non-Members - \$35 All fees are non-refundable and must be paid in full by June 1.

After June 1, payment in FULL Payment plans are available through 6/1/2022

LIMITED FINANCIAL AID IS AVAILABLE ON A FIRST COME, FIRST SERVED 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:____