



**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 2024 REGISTRATION FORM

Please fill out one Registration Form per Child

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Entering in September of 2024 \_\_\_\_\_

Name of School Attending in 2024 \_\_\_\_\_

**A \$25 PER WEEK, PER CHILD, NON-REFUNDABLE DEPOSIT IS REQUIRED UNTIL May 3**

After May 3, 50% of the total balance is required.

- Week 1 — June 24 thru June 28
- Week 2 — **July 1 thru July 5, Closed 7/4**
- Week 3 — July 8 thru July 12
- Week 4 — July 15 thru July 19
- Week 5 — July 22 thru July 26
- Week 6 — July 29 thru August 2
- Week 7 — August 5 thru August 9
- Week 8 — August 12 thru August 16
- Week 9 — August 19 thru August 23

\_\_\_\_ Total # of weeks X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
10% discount if paid in full/ 7 WK Min. per child

**Tuition: \$195.00 per week / \$180 for 2<sup>nd</sup> child or more.**

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

All fees are non-refundable and must be paid in full by June 7.

Refunds for cancellations (minus the nonrefundable deposit) will only be available prior to June 7.

No refunds will be provided after June 7.

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

### 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.

*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)