



**BOYS & GIRLS CLUB  
OF CAPE COD**

**GREAT FUTURES START HERE.**

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

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

*info@BoysGirlsClubCapeCod.org*

## **SUMMER 2026 REGISTRATION FORM**

Please fill out one Registration Form per Child

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

Date of Birth \_\_\_\_\_ Grade Entering in September of 2026 \_\_\_\_\_

Name of School Attending in 2026 \_\_\_\_\_

**A \$50 PER WEEK, PER CHILD, NON-REFUNDABLE DEPOSIT IS REQUIRED UNTIL May 1**

After May 1, 50% of the total balance is 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

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. per child

Tuition: \$225.00 per week / \$200 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 5.

Refunds for cancellations (minus the nonrefundable deposit) will only be available prior to June 5.

No refunds will be provided after June 5.

**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: \_\_\_\_\_