



# BARNSTABLE RECREATION

# LEISURE PROGRAM 2026 REGISTRATION PACKET

## PROGRAM INFORMATION

**Program Content:** Join us for seven weeks of games, arts & crafts, field trips and beach trips!

**Locations:**

- 1 Barnstable High School (Grades 6-8)
- 2 Centerville Elementary (Grades 1-5)
- 3 Barnstable Community Innovation (Grades 1-5)
- 4 West Barnstable Community Building (Grades 1-5)
- 5 Centerville Recreation (Grades 1-5)

**Dates:** June 29th–August 14th

**Times:** 8:30am - 4:30pm (Monday-Friday)

**Eligibility:** Children entering grades 1-8 in September 2026

**Fees:** \$1,400/Participant (Resident)  
\$2,800/Participant (Non-Resident)

**Payments:** 50%/Participant due at registration

## FINANCIAL AID

Due to the elimination of Federal funding, Financial Aid for qualified applicants will be covered with funds from the Recreation Scholarship Account. The amount will be increased to a maximum of \$400/ participant for the summer of 2026 only. Forms are located at the HYCC front desk and on our website. Please complete and submit at the time of registration with your 50%/ participant payment. If qualified, you will be notified of your award amount.



## QUESTIONS ?

[Michelle.Davies@barnstable.gov](mailto:Michelle.Davies@barnstable.gov)

## REGISTRATION INFORMATION

### IN-PERSON

**Location:** Hyannis Youth & Community Center, 141 Bassett Lane, Hyannis

**Dates:** Wednesday, April 8th (Residents)  
Wednesday, April 29th (Non-Residents, if spots are available)

**Times:** Weekdays, 8:45 AM–4:00 PM

*\* Registration will remain open until spots are filled or June 15th, whichever comes first.*

### ONLINE

**Website:** [www.barnstablema.myrec.com](http://www.barnstablema.myrec.com)

**Dates:** Wednesday, April 8th (Residents)  
Wednesday, April 29th (Non-Residents, if spots are available)

**Time:** 8:45am beginning April 8th, on-going until filled or June 15th, whichever comes first. If you don't already have a household account, you will need to create one prior to registration. If you already have an account, please review your information for accuracy prior to the registration date. Please note that our software does not allow changes to the birth date, age, or grade of children. If information needs to be changed, please contact the Recreation Division at 508-790-6345 ext. 114, or email

[Rec.HyccAdmin@barnstable.gov](mailto:Rec.HyccAdmin@barnstable.gov)

## REGISTRATION PACKETS

Registration packets must be completed and returned within seven days of registration or your spot will be forfeited. Packets may be picked up in person at the HYCC or downloaded from our website,

[www.barnstablema.myrec.com](http://www.barnstablema.myrec.com)

Please return completed packets to: HYCC front desk, the black Parking Permit lock box outside the HYCC, or by email to:

[Michelle.Davies@barnstable.gov](mailto:Michelle.Davies@barnstable.gov)

**BARNSTABLE RECREATION  
LEISURE PROGRAM ~ 2026  
JUNE 29—AUGUST 14, 2026  
\$1,400 (\$5/hr.)**

**FORM EXPLANATION SHEET**

- CHECK OFF SHEET** This sheet is designed to help you check off what you need to complete in order to be prepared for registration. Once you have completed a form in the registration packet, check off that you have done so. If at any time you have a question about one of the forms or the program, please feel free to ask us at registration or you can call the Recreation Office @ 508-790-6345, 8:30 AM to 4:30 PM Monday through Friday.
- REGISTRATION FORM** Please complete the top portion of this form. This form must be turned in during registration. Be sure to read the bottom portion of the registration form that explains financial aid submittals and refund regulations. **The waiver portion of this registration form must be signed. Those registering on-line must provide an electronic signature.**
- PROGRAM T-SHIRT FORM** This sheet will help us outfit your child with the proper fitting t-shirt.
- ALTERNATE PICK-UP SHEET** We understand that you may not be able to pick up your child everyday from the program. That being said, it is very important for you to authorize three alternate people to pick up your child in the event you cannot do so. Please list their full names and phone numbers. Also, please explain to anyone you listed that they may be asked for a photo I.D. and the list will be checked at the time of pick up. I apologize now for any inconvenience that this may cause, but it is for the safety of your child. If the individual is not on the list and no prior arrangements have been made with the Program Director, the child will not be allowed to leave with that individual. Your child cannot attend the program without this information.
- MEDICAL FORMS** These forms total three pages, including the Release of Confidential Information Form. It is very important to fill out all the information so that we may do our best to meet the specific needs of each child and have a clear understanding of each individual. Even if the answer is NO, or does not apply, please take the time to indicate a response. Your child cannot attend the program until we receive this information.
- WHITE EMERGENCY CARD** (Not included in this packet)- **This small card is very important.** The card goes everywhere your child goes. We need all information on it to be accurate in case of a medical or any other emergency. Please fill out **front and back** completely. We will give you one on the first day of the program to fill out prior to dropping off your child.
- WRITTEN CONSENT FOR MEDICATION** This form needs to be filled out **ONLY** if your child is taking any medication during the program, including inhalers, epi-pens or any prescriptions/over the counter.
- PRIVATE PHYSICIAN'S EXAMINATION** Your physician can use this form or their own. Every child coming into the program, whether they have attended before or not, must have a current physical saying they can attend the program from their Primary Care Physician. You can get a copy of this information from your school nurse or your primary physician. These forms can be brought to the HYCC in person and placed in the lock drop box in the front of the HYCC, handed in at the front desk or they can be faxed to our office by your physician. The fax # 508-790-6279 Attention: Mickie Davies. **Your enrollment in the program will be for feited if this information is not submitted. No Exceptions!!** Understand that this form is essential to register, however, it must be received by us within one week after the date of your registration for your child to be able to attend. **You will not be fully registered until the Private Physician's Form (Physical) is received!**
- RELEASE OF CONFIDENTIAL INFORMATION** This is an important form and allows us to give and obtain medical information from your child's physician to ensure current, accurate medical records.

- PAYMENT PLAN EXPLANATION AND MAIL IN RECEIPTS** The top portion of this sheet explains the cost of the program (\$1,400/child) and a payment plan schedule (if you choose to submit payments), and financial aid requirements. You will find payment submittal receipts on the bottom portion of this sheet. Please detach and submit one receipt with each payment. Make sure that your child's name, program site, and all other information is filled out to ensure your account is credited properly.

**IN ORDER FOR YOUR CHILD(REN) TO BE COMPLETELY REGISTERED FOR THIS PROGRAM, YOU MUST SUBMIT THIS ENTIRE PACKET OF PAPERWORK WITHIN ONE WEEK OF YOUR REGISTRATION DATE. Getting this paperwork to us in a timely fashion helps us to prepare to give your child(ren) a safe and fun experience.**

Items you will need to provide at Registration:

- BIRTH CERTIFICATE FOR CHILDREN ENTERING FIRST GRADE ONLY.** We will need a copy of your child's birth certificate. You will not be allowed to register without this.
- BARNSTABLE RESIDENCY/TAX PAYER** Please be prepared to verify (driver's license showing a Barnstable address, or a Barnstable address imprinted on your check, or a copy of your most recent real estate tax bill) that you are a year-round resident or taxpayer in the Town of Barnstable. This program is for Barnstable Residents ONLY!

Thank you for your time. I hope this sheet has assisted you. We suggest that if you are able to register on-line, please do so by enrolling on-line beginning at 8:45 AM on Wednesday, April 8, 2026. In-person registration will also begin at this time. Any questions, please call the Recreation Division (508)790-6345. Thank you.

Mickie Davies, Therapeutic Program Coordinator  
508-790-6345 Ext. 107  
Michelle.Davies@barnstable.gov

**Registration Form - Leisure Program 2026**

Participant Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_\_ Grade in Sept. 2026: \_\_\_\_\_ School: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Primary Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IN ORDER FOR YOUR CHILD(REN) TO BE COMPLETELY REGISTERED FOR THIS PROGRAM, YOU MUST SUBMIT THIS ENTIRE PACKET OF PAPERWORK.**

The initial payment \$700.00 is due at the time of registration by credit card, check, and/or money order made payable to the Town of Barnstable. We are unable to accept cash. Due to the elimination of Federal funding, Financial Aid for qualified applicants will be covered with funds from the Recreation Scholarship Account. The amount will be increased to a maximum of \$400/participant for the summer of 2026 only. Forms are located at the HYCC front desk and on our website. Please complete and submit the form at the time of registration with your 50%/participant payment along with your most current tax forms and/or income verification statement(s). Refund requests before June 1, 2026 will be granted minus a \$150 administrative fee. No refunds will be granted after June 1, 2026. Program fees must be paid in full by June 1, 2026.

**PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT**

The undersigned parent or guardian of \_\_\_\_\_, a minor, does hereby consent to his/her participation in the voluntary **Town of Barnstable Recreation Division Leisure Program** and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Barnstable, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Town of Barnstable Recreation Program; FURTHERMORE, I hereby agree to protect the Town of Barnstable and its successors, departments, officers, employees, servants and agents any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Town of Barnstable Recreation Division voluntary activities or programs, and to INDEMNIFY, reimburse or make good to the Town of Barnstable or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorneys' fees, the Town of Barnstable or its representatives may have to pay if any litigation arises from said minor's participation in said recreation program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – RECREATION STAFF USE ONLY**

Amt. Paid \$ \_\_\_\_\_ Bal. Due \$ \_\_\_\_\_ F/A/ Submitted: Y N Check/MO# \_\_\_\_\_

**BARNSTABLE RECREATION  
LEISURE PROGRAM ~ 2026  
T-SHIRT FORM**

Please check the correct size for your child so that we may do our best to outfit him/her with the proper fitting shirt for the program.

**CHILD'S NAME:** \_\_\_\_\_

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

\_\_\_\_ Youth Small Size 10

\_\_\_\_ Youth Medium- Size 12

\_\_\_\_ Youth Large- Size 16

\_\_\_\_ Adult Small

\_\_\_\_ Adult Medium

\_\_\_\_ Adult Large

\_\_\_\_ Adult XL

\_\_\_\_ Adult XXL

**BARNSTABLE RECREATION  
LEISURE PROGRAM ~ 2026  
ALTERNATE PICK UP SHEET**

**CHILD'S NAME:** \_\_\_\_\_

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

Please list the people (other than yourself) who may pick up your child(ren) from the Summer Leisure Program. Please list their phone numbers. It is very important that our staff know who is able to pick up your child. Also, understand that persons other than yourself will be asked for a photo I.D. and the list will be checked to make sure he or she is authorized to pick up your child(ren). If the individual is not on the list and no prior arrangements were made, the individual will NOT be allowed to take the child. Although this may seem like an inconvenience, please understand that this is for the safety of your child(ren). Your child(ren) cannot attend the program until we receive this information

**Name (please print)**

**Phone #**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**BARNSTABLE RECREATION  
LEISURE PROGRAM ~ 2026**

SITE NAME: \_\_\_\_\_

**GENERAL INFORMATION**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Guardian #1: \_\_\_\_\_ Guardian #2: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Summer Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_  
Emergency Contact #2: \_\_\_\_\_

**MEDICAL INFORMATION**

Physician's Name: \_\_\_\_\_ Physician's Number: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Dentist's Number: \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

Is your child on any medications? YES NO  
If "YES" please answer the following:

Diagnosis: \_\_\_\_\_  
Physician: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Dosage and Time: \_\_\_\_\_

Does your child have allergies? YES NO  
If "YES" please answer the following

Food: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Other: \_\_\_\_\_

If the parent/guardian or emergency contact can not be reached, is permission granted to the program staff/nurse to provide emergency treatment? YES NO

If necessary, is permission granted to the program staff/nurse for your child to be taken to the hospital? YES NO

**HISTORY**

In order to better serve your child, please indicate, in detail, any needs, disabilities, or concerns that your child may have:

\_\_\_\_\_  
\_\_\_\_\_

Does your child need extra assistance due to this disability? Explain: \_\_\_\_\_  
\_\_\_\_\_

Is your child on an IEP? YES NO  
School \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Does your child require any of the following mechanical supports? Circle all that apply:

Hearing Aid Glasses Braces Wheelchair Splints Crutches Other: \_\_\_\_\_

Explain: \_\_\_\_\_

**Does your child have difficulties in the following areas? Circle all that apply:**  
Neurological Vision Hearing Orthopedic Mobility Toileting Eating Other: \_\_\_\_\_  
Explain: \_\_\_\_\_

**Does your child have any behavior difficulties? Circle all that apply:**  
Hitting Pinching Kicking Tantrums Biting Crying Screaming Running away Non-Compliance  
Explain: \_\_\_\_\_

Is your child on a behavior plan at school? YES NO

School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**PARENT AUTHORIZATION**

The medical history herein is correct to the best of my knowledge and the person described herein has my permission to engage in all Leisure Program activities except as noted. I hereby release the Recreation Division and its staff from any responsibility or liability for any prescribed medication administered to my child under the direction of the family doctor. I hereby give permission to the to the medical person selected by the Recreation Program Coordinator or Program Director to order x-rays, routine tests, and treatment for my child in case of serious accident/incident. In the event that I can not be reached during an emergency, I hereby give permission to the physician selected by the program staff to hospitalize and secure proper treatment for my child as named in this form. This form may be photocopied for use by medical services outside of the Recreation program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**BARNSTABLE RECREATION DIVISION  
LEISURE PROGRAM ~ 2026**

**PARENT/GUARDIAN WRITTEN CONSENT FOR MEDICATION ADMINISTRATION  
(only to be filled out if your child is taking medication during Leisure  
Program hours)**

Site: \_\_\_\_\_

**General Information (please print):**

Participant's Name : \_\_\_\_\_ Age : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Gender : \_\_\_\_\_

Parent Name : \_\_\_\_\_

Home Address : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Persons, if any, to be notified in case of emergency if parent/guardian is unavailable:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

My child is currently taking the following medications *(to be completed if not in violation of confidentiality)*:

Please list all of the medications the child is taking, including those being given during program hours:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

My child is known to have the following allergies: \_\_\_\_\_

**Consent:**

1. I give permission to have the Program Nurse, or an appropriately trained Leisure Program personnel designated to be the Program Nurse, to give my child the following medications.

Prescribed by: \_\_\_\_\_ To: \_\_\_\_\_  
Licensed Prescriber Participant's Name

2. All medications shall be stored under the Nurse's or appropriately trained Director's supervision.
3. Appropriately trained program personnel are to assume the responsibility for administering medications requiring injections only in life threatening conditions.
4. The Nurse and Director require a record to be maintained in the individual's student health file for all medications dispensed.



Town of Barnstable  
**BARNSTABLE RECREATION**



**JOHN GLEASON**

*Director of Recreation*

141 Bassett Lane, Hyannis, MA 02601

T: 508-790-6345 | F: 508-790-6279 | E: John.Gleason@barnstable.gov

**RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Parent/Guardian) (Address)

hereby authorize Barnstable Recreation to exchange, obtain, and/or disclose information that is contained in the medical record of my child. This information will be kept on file for the child's attendance in the Barnstable Recreation Leisure Program. The purpose of releasing this information is to have current, accurate medical records for this child.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Date of Birth)

I understand that this information will be shared among persons involved in the supervision of the Leisure Program.

This consent may be revoked by me at any time except to the extent that action has been taken to comply with it. Without my express revocation, this consent will automatically expire in 12 months.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Exp. Date)



Town of Barnstable  
**BARNSTABLE RECREATION**

**JOHN GLEASON**  
*Director of Recreation*

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T: 508-790-6345 | F: 508-790-6279 | E: john.gleason@barnstable.gov



**PERMISSION TO USE HAND SANITIZER**

I, \_\_\_\_\_ (Parent/Guardian) give permission for my child  
\_\_\_\_\_ (Child's Name) to use the hand sanitizer being provided by the  
Barnstable Recreation Leisure Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# **BARNSTABLE RECREATION LEISURE PROGRAM ~ 2026 DISCIPLINE POLICY**

The Barnstable Recreation Summer Leisure Program offers a quality experience for your child. All that is asked in return is that your child follows the rules and code of conduct described below. Please read the following policies and discuss them with your child(ren) then sign the bottom and return to your Leisure Program site Director.

- **Minor offenses include the following:**
  - Name calling
  - Not listening
  - Refusal to participate in activities
- **Major offenses include:**
  - Fighting or other physical contact
  - Intimidation/Bullying
  - Destruction of school/Leisure Program property
  - Remarks involving someone's race, religion, sexual orientation etc.

1<sup>st</sup> time: A staff member will speak to parent/guardian

2<sup>nd</sup> time: A written warning notice will be sent home

3<sup>rd</sup> time: Suspension from the program for one day

4<sup>th</sup> time: Suspension from the program for three days

5<sup>th</sup> time: Suspension from the program for the remainder of the summer

**\* The Discipline Policy is subject to change based on the severity of the incident**

Child's name: \_\_\_\_\_

Child's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MASSACHUSETTS SCHOOL HEALTH RECORDS  
PRIVATE PHYSICIAN'S EXAMINATION—SUBSEQUENT EVALUATIONS ONLY**

**BARNSTABLE RECREATION  
LEISURE PROGRAM ~ 2026**

To Physician/Practitioner:

Please note that your initial school examination of the child should be recorded on the prescribed itemized form (PH - M - 18). This abbreviated form is to be used only for follow up subsequent examinations.

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Leisure Program Site: \_\_\_\_\_

Date of last complete physical exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Significant Findings:

Blood Pressure: \_\_\_\_\_

Het. or Hgb.: \_\_\_\_\_

Other Lab: \_\_\_\_\_

TB Test: \_\_\_\_\_

Significant illness or injuries since last report:

General estimate of health:

Immunization/Boosters (give exact date):

DTP: \_\_\_\_\_ TD: \_\_\_\_\_

TOPV: \_\_\_\_\_ Other: \_\_\_\_\_

Medication or treatment orders to be carried out at the program

Restrictions on sports participation or recommended modifications to program:

Other Comments:

\_\_\_\_\_  
Signature: Examining Physician or Nurse Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Telephone #

**RECREATION DIVISION  
LEISURE PROGRAM ~ 2026  
PAYMENT PLAN**

- The Leisure Program is \$1,400 (\$5/HR.). Payment in full at the time of registration will be accepted.
- A minimum deposit of \$700/child is required at registration in order for your application to be accepted. **NO EXCEPTIONS!**
- If you choose to participate in the payment plan, you must adhere to the following payment schedule in order to secure your child’s spot in the Leisure Program. Otherwise, your program spot will be forfeited. Program fees must be paid in full by June 1, 2026. Refund requests before June 1, 2026 will be granted minus a \$150 administrative fee. No refunds will be granted after June 1, 2026. **NO EXCEPTIONS!**
- Attached are two payment stubs which indicate the amount to be paid and the payment due date. Please send in the payment stub with your payment and indicate, in the space provided, the site of your Leisure Program.
- **Payment Schedule:**

Initial Deposit	\$700	Due at Registration - April 8, 2026
Payment II	\$350	Due by May 5, 2026
Payment III	\$350	Due by June 1, 2026
- If you have submitted a Financial Aid application, you must still submit the initial deposit of \$700.00 in order for your application to be accepted. You will be notified as to whether you qualify for financial assistance. Please keep the payment stubs in the event you do not qualify.
- Payment must be made in the form of a check or money order made payable to Town of Barnstable. We also accept all major Credit Cards. Send payment and the payment stub to: Barnstable Recreation Division, Attn. Leisure Program Plan, 141 Bassett Lane, Hyannis, MA 02601.

**Detach and return with Payment II:**

SITE: \_\_\_\_\_

Barnstable Recreation Division  
Leisure Program

**Payment II - Due May 4, 2026**  
**Amount Due - \$350**

Please make check/money order payable to:  
**Town of Barnstable**  
Mail this receipt and payment to:  
141 Bassett Lane, Hyannis, MA 02601

Child’s Name: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Date: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

**Detach and return with Payment III:**

SITE: \_\_\_\_\_

Barnstable Recreation Division  
Leisure Program

**Payment II - Due June 1, 2026**  
**Amount Due - \$350**

Please make check/money order payable to:  
**Town of Barnstable**  
Mail this receipt and payment to:  
141 Bassett Lane, Hyannis, MA 02601

Child’s Name: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Date: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount: \_\_\_\_\_