

# BARNSTABLE RECREATION

LEISURE PROGRAM / ALL DAY SUMMER FUN CLUB , 2021

## REGISTRATION PACKET

**REGISTRATION:** May 4—June 14, 2021 starting at 8:45 AM

**ON-LINE** [www.townofbarnstable.us/recreation](http://www.townofbarnstable.us/recreation)

OR

**IN PERSON** Hyannis Youth and Community Center, 141 Bassett Lane, Hyannis MA  
(May 4, 2021 ONLY) from 8:45 - 11:00 AM

**AVAILABLE SITES:**

**Barnstable United Elementary School (Grades 1-5)**

**Barnstable West Barnstable Elementary School (Grades 1-5)**

**Barnstable Intermediate School (Grades 6-8)**

**PROGRAM DATES:** Monday—Friday, July 5— August 20

**PROGRAM TIMES:** 8:30 AM-4:30 PM

**FEE:** \$950.00



**BARNSTABLE  
RECREATION**

**ABOUT THE PROGRAM:** This is an all day program where your child(ren) can come and have a safe and fun summer with their friends. During these times of COVID-19, the Recreation Division will be adopting the current CDC recommendations for social distancing and PPE. We are thinking outside of the box and coming up with many activities and games we hope your child(ren) will enjoy. We are hoping that by having children back in schools this spring that COVID-19 protocols will be less restrictive by summer and we may be able to go on a few trips. Fingers crossed!! The counselors can't wait to see you! JOIN US!!! After registration, you will be receiving more information about the program.

**Our staff is First Aid and CPR Certified!**

**RETURNING YOUR PACKET:**

- Please make sure the entire packet is completed.
- You can FAX it to: 508-790-6279
- You can email it to: [michelle.davies@town.barnstable.ma.us](mailto:michelle.davies@town.barnstable.ma.us)
- You can drop it: In the drop box located at the front of the Hyannis Youth & Community Center

Registration packets cannot be accepted until after registration begins.

Any household with an outstanding balance to the Town of Barnstable as of May 3, 2021 will not be able to register.

If you have any questions, please contact Mickie Davies at : Barnstable Recreation, 141 Bassett Lane, Hyannis, MA 02601

The initial payment \$450.00 is due at the time of Registration by check/money order made payable to the Town of Barnstable. Master Card and Visa are also accepted. We are unable to accept cash.

Financial aid is available to qualifying applicants. To apply, complete and submit both a Financial Aid form and CDBG (Grant) application (available upon request) along with your most current tax forms and/or income verification statement(s). Applicants must pay the initial payment of \$450.00 at the time of registration. After reviewing the required documentation, applicants will be notified if they are approved for financial/grant aid. Refund requests between May 28 and June 25, 2021 will be granted minus a \$450 administrative fee. No refunds will be granted after June 25, 2021. Program fees must be paid in full by June 25.

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## BARNSTABLE RECREATION LEISURE PROGRAM / ALL DAY SUMMER FUN CLUB

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JULY 5– AUGUST 20, 2021

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\$950 PROGRAM FEE

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### FORM EXPLANATION SHEET

PLEASE PRINT NEATLY AND CLEARLY ON ALL SHEETS. THANK YOU.



- 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 in the presence of a Recreation Division employee if registering in person. 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 will 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 medications.

**PRIVATE PHYSICIAN'S EXAMINATION-** (not included in this packet)- 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 locked drop box in the front of the HYCC 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 forfeited 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-** Registration. The top portion of this sheet explains the cost of the program (\$950 per child) and a payment plan schedule (if you choose to submit payments), and financial aid requirements. Grant funds are also available to qualified applicants. 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 of the 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!

More information will be coming out to the families who register for this program, as we will be using the current guidelines from State and Local Government to ensure the safety of our participants and staff.

Thank you for your time. I hope this sheet has assisted you. I look forward to seeing you at registration beginning, Tuesday, May 4, 2021 from 8:45 AM -11:00 AM at the Hyannis Youth & Community Center, but we suggest that if you are able to register in the safety of your own home with a cup of coffee, on-line beginning at 8:45 AM on May 4, 2021, that would be ideal! Any questions, please call the Recreation Office (508)790-6345. Thank you.

Mickie Davies  
Therapeutic Program Coordinator  
Town of Barnstable

**TOWN OF BARNSTABLE – RECREATION DIVISION**

**Site: BUES**

**Registration Form - Leisure Program / All Day Summer Fun Club – 2021**

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

Gender: M F Birthdate: \_\_\_\_\_ Grade in Sept. 2021: \_\_\_\_\_ 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 \$450.00 is due at the time of Registration by check/money order made payable to the Town of Barnstable. Master Card and Visa are also accepted. We are unable to accept cash. Financial and Grant aid is available to qualifying applicants. To apply, complete and submit both a Financial Aid and Grant form (available upon request) along with your most current tax forms and/or income verification statement(s). Applicants must pay the initial payment of \$450.00 at the time of registration. After reviewing the required documentation, applicants will be notified if they are approved for financial/Grant aid. Refund requests between May 28 and June 25, 2021 will be granted minus a \$450 administrative fee. No refunds will be granted after June 25, 2021. Program fees must be paid in full by June 25th.

**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 / All Day Summer Fun Club** 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 against 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.

**The running of this program is contingent on the guidelines set forth by the State and being able to adhere to all requirements set forth.**

Signature of Parent or Guardian/ or Digital Signature \_\_\_\_\_ 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# \_\_\_\_\_

**TOWN OF BARNSTABLE**  
**LEISURE PROGRAM / ALL DAY SUMMER FUN CLUB, 2021**  
**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:   BUES  

- \_\_\_\_ Youth Small
- \_\_\_\_ Youth Medium- Size 12
- \_\_\_\_ Youth Large- Size 16
- \_\_\_\_ Adult Small
- \_\_\_\_ Adult Medium
- \_\_\_\_ Adult Large
- \_\_\_\_ Adult Extra Large
- \_\_\_\_ Adult Extra Extra Large

**TOWN OF BARNSTABLE**  
**LEISURE PROGRAM / ALL DAY SUMMER FUN CLUB, 2021**  
**ALTERNATE PICK UP SHEET**

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

SITE:   BUES  

Please list the people (other than yourself) who may pick up your child from the summer 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. 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. Your child cannot attend the program until we receive this information

**Name (please print)**

**Phone#**

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

**BARNSTABLE RECREATION  
LEISURE PROGRAM / ALL DAY SUMMER FUN CLUB, 2021**

SITE NAME: BUES

**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

**MEDICAL 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

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**Does your child have any behavior difficulties? Circle all that apply**

Hitting Pinching Kicking Tantrums Biting Crying Screaming Running away

Non-Compliance

Explain

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**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/ All Day Summer Fun Club activities except as noted. I hereby release the Recreation Division and it's 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.

\_\_\_\_\_  
Guardian's signature

\_\_\_\_\_  
Date

BARNSTABLE RECREATION DIVISION  
LEISURE PROGRAM / ALL DAY SUMMER FUN CLUB, 2021  
PARENT/GUARDIAN WRITTEN CONSENT FOR MEDICATION ADMINISTRATION

SITE : BUES

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: \_\_\_\_\_

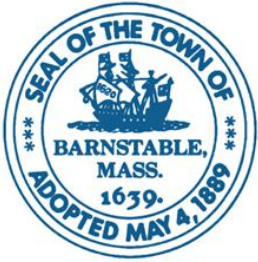
CONSENT:

- 1. I give permission to have the Program Nurse, or an appropriately trained LP/ ADSFC 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**

199008-A BUES



PATTI MACHADO

*Recreation Director*

141 Bassett Lane, Hyannis, MA 02601

T: 508-790-6345 | F: 508-790-6279 | E: Patti.Machado@town.barnstable.ma.us

**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 / All Day Summer Fun Club. 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/All Day Summer Fun Club.

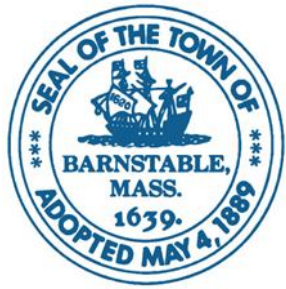
This consent may be revoked by me at any time except to the extent that action has been taken to comply with it. Without my express revocation, this consent will automatically expire in 12 months.

Start typing below this line:

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

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

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



# Town of Barnstable BARNSTABLE RECREATION

PATTI MACHADO  
*Recreation Director*

141 Bassett Lane, Hyannis, MA 02601  
T: 508-790-6345 | F: 508-790-6279 | E: Patti.Machado@town.barnstable.ma.us



## 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/ All Day Summer Fun Club.

\_\_\_\_\_  
(Parent/Guardian signature)

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

## BARNSTABLE RECREATION LEISURE PROGRAM / ALL DAY SUMMER FUN CLUB DISCIPLINE POLICY

- ◆ The Barnstable Recreation Summer Leisure Program / All Day Summer Fun Club 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 LP / ADSFC 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

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

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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TOWN OF BARNSTABLE – 2021 LEISURE PROGRAM/ ALL DAY SUMMER FUN CLUB

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.

Individual's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ LP / ADSFC Site: **BUES** \_\_\_\_\_

Date of last complete physical exam: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_

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, Nurse Practitioner

\_\_\_\_\_  
Date

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

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

TOWN OF BARNSTABLE

199008-A

RECREATION DIVISION

LEISURE PROGRAM / ALL DAY SUMMER FUN CLUB, 2021

PAYMENT PLAN

- The Leisure Program/All Day Summer Fun Club fee is \$950.00. Payment in full at the time of registration will be accepted.
- A Minimum deposit of \$450.00 per 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 / All Day Summer Fun Club. Otherwise, your program spot will be forfeited. Program fees must be paid in full by June 25, 2021. Refund requests between May 28-June 25, 2021 will be granted minus a \$450 Administrative fee. No refunds will be granted after June 25, 2021. **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/All Day Summer Fun Club.
- **Payment Schedule: Initial Deposit \$450.00 Due at Registration - May 4, 2021**  
**Payment II \$250.00 Due by May 21, 2021**  
**Payment III \$250.00 Due by June 25, 2021**
- If you have submitted a financial aid application, you must still submit the initial deposit of \$450.00 in order for your application to be accepted. You will be notified by mail as to whether you qualify for financial assistance. If you qualify, financial aid in the amount of \$200 will be applied toward your balance. Please keep the payment stubs in the event you do not qualify. We will also review your qualifications to receive funds from Barnstable’s Community Development and Block Grant Program.
- Payment must be made in the form of a check or money order made payable to Town of Barnstable . We also accept Master Card and Visa. Send payment and the payment stub to: Barnstable Recreation Division, Leisure Program/ All Day Summer Fun Club Payment Plan, 141 Bassett Lane, Hyannis, MA 02601.

**Detach and return with Payment II:**  
SITE: BUES

**Detach and return with Payment III:**  
SITE: BUES

Barnstable Recreation Division - LP/ADSFC  
**Payment II - Due May 21, 2021**  
Amount Due - \$250.00

Barnstable Recreation Division - LP/ADSFC  
**Payment III - Due June 25, 2021**  
Amount Due - \$250.00

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

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: \_\_\_\_\_

Child’s Name: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Date \_\_\_\_\_ Check # \_\_\_\_\_ Amt. \_\_\_\_\_

Date \_\_\_\_\_ Check # \_\_\_\_\_ Amt. \_\_\_\_\_

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Security Code \_\_\_\_\_ Billing Zip \_\_\_\_\_