

WELCOME TO BEAMS AT BAMS SUMMER PROGRAMMING 2021



ATTENTION ALL INCOMING 7th + 8th Grade BAMS STUDENTS WE HAVE AN AWESOME OPPORTUNITY FOR YOU TO MEET SOME NEW FRIENDS AND TEACHERS. JOIN US FOR SOME FUN ENGAGING ACTIVITIES ON THE BAMS CAMPUS WITH 5 WEEKLY THEME CAMPS:

STEAM ACADEMY
FITNESS FRENZY
WORLD CULTURES
ART FOR EVERYONE
ROPES COURSE

Each day will be filled with 4 project lessons in the morning and numerous enrichment activities in the afternoon with one field trip at the end of each week.

FREE TRANSPORTATION AVAILABLE
FREE BREAKFAST + LUNCH

PLEASE COMPLETE BOTH SIDES OF THE REGISTRATION FORM AND RETURN TO BAMS. PROGRAMS FILL UP QUICKLY. THANK YOU.

*ALL PROGRAMS WILL FOLLOW CDC AND STATE COVID 19 HEALTH AND SAFETY GUIDELINES

BEAMS at BAMS Summer Programs 2021
109 Sunny Acres Brattleboro, VT 05301

Programs are open to all incoming 7th and 8th grade BAMS students. Programs fill up quickly. Please email, fax or mail this registration form to:

BAMS
% Jill Kelley
109 Sunny Acres
Brattleboro, VT 05301

Email: jkelly@wsesdvt.org
Office phone: 802-451-3588

If you have any questions, please contact Jill Kelley, BEAMS Program Director at 802-689-0023

STUDENT REGISTRATION FORM

Please check mark and prioritize by number the weeks of interest

- ___ July 6- 9 STEAM ACADEMY (Tuesday-Friday)
- ___ July 12-15 FITNESS FRENZY (Monday-Thursday)
- ___ July 19 - 22 WORLD CULTURES (Monday- Thursday)
- ___ July 26-29 ART FOR EVERYONE (Monday-Thursday)
- ***** August 2-6 HUMANITIES CAMP ** see registration form on the BAMS website
- ___ August 9 + 10 ROPES COURSE: GROUP 1
- ___ August 11 + 12 ROPES COURSE: GROUP 2

Student Name: _____ Grade for 2019/20 _____

Team _____ Advisor _____ Current School _____

Parent/Guardian _____

Where can you be reached between 9 am and 3 pm?

Phone _____ work/cell Home Phone: _____

Cell phone: _____ Email: _____

Street Address: _____ Town: _____ Zip: _____

Allergies/Medical Conditions: _____

Does your child need to take medication during the day? _____ yes _____ no

Comments/Concerns: What kind of learner is your child? _____

Please complete and sign the back page
your child's registration is not complete unless this form is signed with health insurance information included.

Required: Health Insurance Policy Name and Number:

MEDICAL INFORMATION

Name of Doctor: _____ Phone Number: _____

Name of Dentist: _____ Phone Number: _____

Transportation: - Please check all that apply.

_____ My child will need a ride on the BAMS Activity Bus to and from the following address:

Street Address _____ Town: _____

_____ My child will walk/bike to and from BAMS

_____ I or a trusted adult _____ will drop off (9 am) and pick up (3pm) my child.
Please write the name of alternate adult (s) with permission to transport your child

Our bus driver will contact you before camp starts to let you know when pick up will be.

Permission:

I authorize my child to participate in the BAMS Summer Program (dates checked above). I understand that certain risks are inherent in the activities in which my child will be participating. I hereby waive all claims against BAMS and its employees, subcontractors, and collaborating organizations, in connection with any injury or illness of my child. In case of medical emergency, I authorize my child to be treated at the nearest hospital or medical facility in the event that I cannot be reached.

PHOTO/VIDEO RELEASE

- YES
- NO

I grant BAMS Summer Programs and its affiliates permission to use and/or publish photographs and videos of the above-named child in print or online for the purposes of promoting the achievements of participants in the BAMS Summer Programs.

Parent/Guardian Signature: _____ Date: _____

If you have questions regarding summer programming at BAMS, please contact JILL KELLEY BEAMS director, at jkelly@wsesdvt.org You may also contact the BAMS main office at (802) 451-3500.