

# WELCOME TO BEAMS AT BAMS SUMMER PROGRAMMING 2022



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 6 WEEKLY THEME CAMPS:

HUMANITIES CAMP: HARRY POTTER  
FARM TO TABLE  
HEALTHY BODIES + MINDS  
OUTDOOR ADVENTURE  
STEAM ACADEMY: SUMMER CARNIVAL  
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 or celebration at the end of each week.



**\*FREE BREAKFAST OPTION\***  
**\*FREE LUNCH OPTION\***



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 which are subject to change on a moments notice**



BEAMS at BAMS Summer Programs 2022  
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](mailto: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

June 27-July 1 HUMANITIES CAMP: Harry Potter (Monday - Friday) Registration forms will be sent to families separately

- \_\_\_ July 5 - 8 FARM TO TABLE (Tuesday - Friday) Field trip
- \_\_\_ July 11 - 14 HEALTHY BODIES \* MINDS (Monday- Thursday): Spofford Lake Field trip
- \_\_\_ July 18 - 21 OUTDOOR ADVENTURE (Monday-Thursday): Vernon Pool Field trip
- \_\_\_ July 25 - 28 STEAM ACADEMY: SUMMER CARNIVAL (Monday-Thursday)
- \_\_\_ August 1 + 2 ROPES COURSE: GROUP 1 (Monday + Tuesday)
- \_\_\_ August 3 + 4 ROPES COURSE: GROUP 2 (Wednesday + Thursday)

Student Name: \_\_\_\_\_ Grade for 2022/23 \_\_\_\_\_

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:

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### MEDICAL INFORMATION

Name of Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Transportation: - Please check all that apply.

In the past BEAMS has been able to provide bus transportation to and from programs. We currently do not have transportation available. Our mission is to be able to provide transportation to those that are in need in order to attend summer programming. Please contact Jill Kelley at 802-451-2588 or [jkelly@wsesdvt.org](mailto:jkelly@wsesdvt.org) if transportation is an issue for your student.

\_\_\_\_\_ 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

### 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 a 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](mailto:jkelly@wsesdvt.org) You may also contact the BAMS main office at (802) 451-3500.**