Brattleboro Area Middle School Presents

BEAMS

BRATTLEBORO ENRICHMENT ACTIVITIES
FOR MIDDLE SCHOOLERS

SESSION 1

SEPTEMBER 14TH - OCTOBER 23RD

Programs run from
3:30 - 5:15 PM
Monday through Friday

SCAN QR CODE
FOR PROGRAM
DESCRIPTIONS!

QUESTIONS?
CONTACT NICK YIALIADES,
BEAMS DIRECTOR AT
NYIALIADES@WSESDVT.ORG
(802) 451-3588

MONDAYS

JUNK JOURNALING
DUNGEONS AND DRAGONS
ROPES COURSE

TUESDAYS

MAGIC: THE GATHERING
COLOR WAVE STUDIO
CHINESE COOKING 101

WEDNESDAYS

IN THE KITCHEN
CARD SHARKS
LIBRARY AFTER DARK

THURSDAYS

BOWLING
TEA TALKS
HOMEWORK CLUB
MARIO KART KLUB

FRIDAYS

FALL BAKING
MOVIES AND POPCORN
GAME NIGHT

SATURDAY SPOOKTACULAR

SATURDAY, OCTOBER 17
10:00 AM – 2:00 PM

BEAMS Registration Form

Monday, September 14 - Friday, October 23, 2026

Name: _____ **Advisor:** _____

Complete the front and back of this form with your adult at home. It is required that the entire form be completed and signed in order to participate. Return the completed form to the BEAMS mailbox located in the BAMS Main Office.

Session Choices:

Please read the program descriptions by scanning the QR code on the front page and circle your choices below. Label first and second choices (and so on) if you are interested in more than one program on the same day.

Monday	Tuesday	Wednesday	Thursday	Friday
Junk Journaling	Magic: The Gathering	In the Kitchen	Bowling	Fall Baking
Dungeons & Dragons	Color Wave Studio	Card Sharks	Tea Talks	Movies and Popcorn
Ropes Course	Chinese Cooking 101	Library After Dark	Homework Club	Game Night
			Mario Kart Klub	

BEAMS SPECIAL ~ Saturday Spooktacular

Saturday, October 17th - 10:00 AM - 2:00 PM

BEAMS Session 1 ~ Sign-Up Form

Parent/Guardian Permission Form

Please complete this entire page and return form to the BAMS front office.

Student Name:	Guardian Name:
Guardian Email:	Best Phone # *between 3:20 and 5:30 pm*:
Emergency Contact: Name_____ Relationship: _____ Phone: _____	
Health Information: *Health Insurance Policy Name & Number:*	Important Health Information (*including allergies*):

DISMISSAL PLAN:

- ☐ **My student will walk and/or bike home.**
- ☐ **I (or a trusted adult named below) will pick up my student *promptly at 5:15pm* at the BAMS Front Entrance.**

  Name of alternate pick-up: _____

Programming Permission:

I understand that certain risks are inherent in the types of 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 injury or illness of my child. In case of a medical emergency, if I cannot be reached, I authorize my child to be transported to, and treated at, the nearest hospital at my expense. We understand that by participating in BEAMS, students must follow all BAMS school rules and policies. Failure to follow these rules may result in removal from a program.

Parent/Guardian Signature: _____ **Date:** _____

Photo Release: I grant BEAMS and its affiliates permission to use and/or publish photographs and videos of the above-named child in print or online for the purpose of promoting the achievements of participants in the BEAMS program. ***(Initial choice below.)***

_____ YES - *with name* _____ YES - *without name* _____ NO