

Beekman Elementary School - Sign-up for school-related clubs and activities – 2024-2025

Directions: Please put a number next to the activity or activities in which your child would like to participate this year. If your child is interested in more than one activity, please prioritize their choices. Write #1 for the top choice, #2 for the second choice, #3 for the third choice, etc. If you are willing to be put on a wait list, please write “yes” in the wait list column.

Club/activity	Grades	Teacher	1st/2nd/3rd choice?	Wait list?
Beekman Bears Belong Club	3-5	Ms. Jazayeri & Ms. Trahan		
STEAM Club	K-2	Ms. Tomaseski		
Beekman Bears Care Club	3-5	Ms. Crivello-Jordan		
Intramurals	4/5	Mr. Ostrander		
Picture Writing Club	4	Mr. Kimbark		
Walking Club	2-5	Mrs. Cowan		

Students who have a self-carry/self-administer order from their doctor filed in the health office may carry their medications with them after school. Mrs. Cooley (gcooley@acsdny.org) can help you with that process. Please complete the medical questions below and list the names and phone numbers of emergency contacts. In the event of an emergency after school, 911 and one or more of the people listed below will be called.

Medical condition that after-school staff should be aware of: _____

Medications my child is allowed to carry with an order on file in the health office: _____

Emergency contacts:

Name: _____

Cell phone: _____

Name: _____

Cell phone: _____

Name: _____

Cell phone: _____

I give permission for my child _____ to participate in the school-related activity or activities selected above. I understand that I am responsible for transporting my child from school in order to attend the activities, and that my child will be removed from an activity for poor behavior, inconsistent attendance, or if they are consistently picked up late.

Parent/Guardian Signature: _____

Date: _____

Child's Teacher: _____

Grade: _____