



JAMES L. MCKEOWN
BOYS & GIRLS CLUB
OF WOBURN

Middle School Study Hall

Afterschool Academic Support & Enrichment
for Middle School Members

Child's Name: _____

Grade: _____ Teacher: _____ School: _____

Middle school members are invited to an academic support & enrichment program at the Clubhouse.

All youth in grades 6-8 are encouraged to join us back at the Club. Members will participate in structured homework time, an enrichment program and a social recreation activity. Youth will be assigned to a small group and all activities will follow current COVID19 safety procedures such as social distancing, masking and frequent hand washing.

All participants must complete a 2020-2021 membership application and pay a \$25 membership fee.

Spring Session: Monday, April 26, 2021 through Thursday, June 18, 2021
Mondays - Thursdays, 2:30 p.m. - 5:00 p.m.

Important Our goal is to accommodate as many members as possible and there is a **2 day limit per member**. Due to current safety regulations, enrollment is limited and spots will fill on a first come, first serve basis. Please note this is not childcare and we do not provide transportation. Unfortunately, we cannot accommodate late arrivals or early/late pickups.

Please indicate your choice of **2 days** (consider choosing days your child needs the most homework assistance):

Monday _____ **Tuesday** _____ **Wednesday** _____ **Thursday** _____

Parent Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

My child will depart from the program by: _____ Unsupervised Walk _____ Parent/Guardian Pick Up

Please be aware that members **MUST** be picked up at 5:00 p.m. Failure to comply will result in the child's removal from the program.

Parent Signature: _____ **Date:** _____

Return this form to Meg via email at m.gambale@bgcwoburn.org or drop in the Club's secure mailbox at our front door. Membership information will be shared with you once your spot is confirmed.

Office Use Only

Date Returned: _____ Enrolled/Waitlist _____ Membership: _____ Membership Fee: _____ Days Enrolled: M T W Th Staff: _____