

After-School Drama

with Looking for Lilith Theatre Company



BLOOM ELEMENTARY

WHEN:

Thursdays 3:45-5 pm

Jan 26th - Apr 13th

(no class 3/30 or 4/6; snow make-up day 4/20)

WHERE:

Students will meet in the Library and dismiss from the Lobby

COST:

\$100/student (to be paid at start of first class)

Scholarship application available, contact shannon@lookingforlilith.org

GRADES K-1

Participate in story drama, exploring characters and environments of folk tales and other children's stories from around the world.

GRADES 2-5

Learn the basics of improvisation, creating a character, and working with scene partners.

Celebrating 15 Years.
**LOOKING
FOR
Lilith**



THEATRE COMPANY

WWW.LOOKINGFORLILITH.ORG

Looking for Lilith Theatre Company is a local professional theatre company that specializes in using drama work in educational settings.

FOR MORE INFORMATION:

Shannon Woolley Allison

Co-Artistic Director

(502) 638-2559 ext. 700

shannon@lookingforlilith.org

A TEN-WEEK after school drama program open to ALL Bloom Elementary students!

To enroll, please fill out the registration form on the back and return to: **Ms. Crawford, by January 20th**
or **REGISTER ONLINE: lookingforlilith.org/afterschooldrama**

Looking for Lilith Theatre Company

After-School Drama Registration

Register online!
lookingforlilith.org/afterschooldrama

Instructions:

1. Please fill out and sign this form, and return it with a check made out to Looking for Lilith Theatre. Forms must be received the week before drama classes are to begin. **Por favor, rellenar y firmar este formulario y volver con un cheque a Looking for Lilith Theatre.**
2. For questions or more information, contact Shannon Woolley Allison, Director of Artist Development, at (502) 638-2559, ext. 700 or shannon@lookingforlilith.org. **Para preguntas o más información, comuníquese con Shannon Woolley Allison al (502) 638-2559 ext. 700, o shannon@lookingforlilith.org.**

School **Escuela:** _____ Session **Sesion:** Fall Winter Spring

Child's Information *La información del niño:*

Name **Nombre:** _____ Gender **Sexo:** _____

School Information *La información de la escuela:*

Teacher **Nombre de Maestra/o:** _____ Grade **Grado:** _____

Usual Way Home: CEP/PlayCafe Car Rider Walker Bus
Como deja salir a la casa normalmente

Afterschool Dismissal: CEP/PlayCafe Pickup
Como deja salir después de Drama

Parent Information *Información para los Padres:*

Name **Nombre:** _____ Email **Correo electrónico:** _____

Cell Phone **Celular:** _____ Home Phone **Teléfono de Casa:** _____

Address **Dirección:** _____

Emergency Contact Information *Información de Contacto de Emergencia:*

1. Name **Nombre:** _____ Relationship **Relación:** _____ Contact # **Teléfono:** _____

2. Name **Nombre:** _____ Relationship **Relación:** _____ Contact # **Teléfono:** _____

Medical Information *Información Médica:*

Allergies **Alergias:**

Medications **Medicinas:**

Other Info **Otra Informacion:**

Medical Consent **Consentimiento Médico:** In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. **En caso de una situación de emergencia o no crítica que requiere el tratamiento médico, por este medio concedo a permiso para cualquiera y toda la asistencia médica ser administrado a mi niño/niños, en caso de una herida casual o enfermedad, hasta cuando puedan ponerse en contacto.**

Signature **Firma:** _____ Date **Fecha:** _____

Photo Consent **Consentimiento para Fotografía:** I give permission for photographs/video of my child/children to be taken during their participation in this program, to be used in any Looking for Lilith publicity materials, including website. **Doyle permiso para las fotos/video de mi niño/s que se deben tomar durante su participación en este programa, para ser utilizado en cualquier Looking for Lilith materiales de publicidad, incluso en el sitio internet.**

Signature **Firma:** _____ Date **Fecha:** _____

EMAIL LIST OPT -OUT No mande correo Electrónicos Please check this box if you **DO NOT** wish to receive information on future educational opportunities and information from Looking for Lilith Theatre Company.