

# After-School Drama

with Looking for Lilith Theatre Company



## ST. ALBERT THE GREAT

### WHEN:

Tuesdays 2:45-4 pm

Jan 17th - May 16th

(no class 2/14, 3/21, 4/4 or 4/25; snow make-up day 5/23)

### WHERE:

Classroom TBA

### COST:

\$140/student (to be paid at start of first class)

Scholarship application available, contact [shannon@lookingforlilith.org](mailto:shannon@lookingforlilith.org)

### GRADES K-2

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

### GRADES 3-5

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](mailto:shannon@lookingforlilith.org)

**A FOURTEEN-WEEK after school drama program open to ALL St. Albert students!**

To enroll, please fill out the registration form on the back and return to: **Mrs. Stacie Short, by January 10th**

or **REGISTER ONLINE: [lookingforlilith.org/afterschooldrama](http://lookingforlilith.org/afterschooldrama)**

# Looking for Lilith Theatre Company

## After-School Drama Registration

Register online!  
[lookingforlilith.org/afterschooldrama](http://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](mailto:shannon@lookingforlilith.org). **Para preguntas o más información, comuníquese con Shannon Woolley Allison al (502) 638-2559 ext. 700, o [shannon@lookingforlilith.org](mailto: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. **Doy 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.