

# After-School Drama

with Looking for Lilith Theatre Company



## GREATHOUSE/SHRYOCK ELEMENTARY

Join us for a special BEFORE-SCHOOL Drama Program!

### WHEN:

Wednesdays, 8:00-8:50am  
March 1- April 25  
(no class April 4th)

### WHERE:

TBD

### COST:

\$80/student (to be paid at start of first class)  
*Scholarship application available, contact [shannon@lookingforlilith.org](mailto:shannon@lookingforlilith.org)*

### 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](http://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)

**AN EIGHT-WEEK drama program open to ALL Greathouse/Shryock students in Grades 2-5!**

To enroll, please fill out the registration form on the back and return to: **Ms. Smith, Arts and Humanities teacher, by February 25th**

**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.