

# After-School Drama

with Looking for Lilith Theatre Company



## LOWE ELEMENTARY

### WHEN:

Tuesdays 3:45-5 pm  
January 23 - March 27

### WHERE:

TBA

### COST:

\$100/student (to be paid at start of first class)  
*Scholarship application available, contact [shannon@lookingforlilith.org](mailto:shannon@lookingforlilith.org)*

### GRADES K-3

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

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)

**A TEN-WEEK after school drama program open to ALL Lowe Elementary students in grades K-3!**

To enroll, please fill out the registration form on the back and return to: **Amy Long in the Main Office, by Jan 19th**

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 *Consento 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 ponérseme en contacto.*

Signature Firma: \_\_\_\_\_ Date Fecha: \_\_\_\_\_

**Photo Consent *Consento 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.