



Year-round Drama Program!

Your child will experience the thrill of acting and other aspects of theatre through various games, activities and exercises. We will introduce characterization, pantomime, role-play, creative movement, emotional and sensory awareness, improvisation, vocal expression and more!

Who: 1st through 5th grade

What: Drama/Acting class

When: Spring 2017, 3:00-4:10

Where:

Monday: Bluebonnet Elem. **Wednesday:** McAuliffe Elem.
Tuesday: Heritage Elem. **Wednesday:** FMUMC-(5:15-6:15)
Thursday: Donald Elem.(3-4)
Thursday: Flower Mound Elem.

Tuition for each 10 class session: \$140

(Register 2 siblings for full term and save \$20!)

(Missed the first class or two? No Problem, we prorate!)

You can join anytime throughout the session!

Register and Pay online:

www.bitofbroadway.com

For more information:

Co-directors (over 50 yrs combined teaching experience!)

Carol Marrs: 214.354.3903

carol@bitofbroadway.com

Laurie Gruenloh: 817.490.0912

laurie@bitofbroadway.com

View our website for more after school classes!



Spring 2017 After-School Theatre Classes

Registration

Register and pay online at www.bitofbroadway.com

or

Please return or mail this Registration Form with your payment to:

Carol Marrs, 420 Moran Drive, Highland Village, TX 75077

Student Name _____ Parent's Name _____

Grade _____ School _____ Teacher _____

Address _____

Email _____

Phone Number _____ Cell Phone _____

Please check location and session you are registering for:

Location (check one)

____ Monday: Bluebonnet Elem.

____ Tuesday: Heritage Elem.

____ Wednesday: McAuliffe Elem.

____ Wednesday: FMUMC (5:15-6:15)

____ Thursday: Donald Elem. (3:00-4:00)

____ Thursday: Flower Mound Elem.

Session (check one)

____ Spring session \$140 (*Jan. 23-Apr. 27)

____ Spring session for 2 siblings \$260

Save \$20!

*check website for exact dates for each location

(Need a payment plan? Contact Carol Marrs)

1st Emergency Contact Name and Phone _____

2nd Emergency Contact Name and _____

Phone _____

Any drug or food allergies? _____

In case of accident or injury, and your emergency contacts cannot be reached, do we have your permission to seek medical attention for your child? ____Yes ____No

Doctor's Name and Phone Number _____

We will never post your child's name online, but we do like to occasionally use anonymous photos or video on our website and on Facebook. Please mark an X below if you do **NOT** want your child's photo posted for any reason.

_____ Do **not** post my child's picture

In case of accident or injury to my child, I agree that I will not hold the Directors or staff of Little Bit of Broadway responsible. **Signature** _____

Date: _____