



Spring 2016 After-School Theatre Classes

Spring Registration

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: 2nd through 5th grade

What: Drama/Acting class

When: Spring 2016, 2:50-4:00

Where:

- Monday:** Bluebonnet Elem. **Thursday:** Donald Elem.
- Tuesday:** Heritage Elem. **Thursday:** Flower Mound Elem.
- Wednesday:** McAuliffe Elem.
- Wednesday:** FMUMC-(5:00-6:00)

Tuition for each 5 week session: \$80
or \$140 for entire 10 week semester **-Save \$20!**
(Register 2 siblings for full term and save \$60!)
(Missed the first class or two? No Problem, we prorate!)

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!



Register and pay online at www.bitofbroadway.com

or

Please return or mail this Registration and Class Information 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 (5:00-6:00)
- ___ Thursday: Donald Elem.
- ___ Thursday: Flower Mound Elem.

Session (check one)

- ___ Session 1 \$80 (Jan. 25-Feb. 29)
- ___ Session 2 \$80 (Mar. 1-Apr. 11)
- ___ Both sessions \$140 (Jan. 25-Apr. 11)
Save \$20!
- ___ Both sessions for 2 siblings \$260
Save \$60!

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: _____