



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 acting techniques, 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: Fall 2017, 2:55-4:00

Where:

Monday: Bluebonnet Elem. **Wednesday:** McAuliffe Elem.
Tuesday: Heritage Elem. **Wednesday:** FMUMC-(5:15-6:20)
Tuesday: Liberty Elementary **Thursday:** Donald Elem.
School **Thursday:** Flower Mound Elem.

Tuition for each 10 class session: \$140

(Register 2 siblings for full term and save \$25!)

(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 55 yrs combined teaching experience!)

Carol Marrs: 214.354.3903
carol@bitofbroadway.com

Laurie Gruenloh: 817.490.0912
laurie@bitofbroadway.com



Fall 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.
 Tuesday: Liberty Elementary School
 Wednesday: McAuliffe Elem.
 Wednesday: FMUMC (5:15-6:15)
 Thursday: Donald Elem. (3:00-4:00)
 Thursday: Flower Mound Elem.

Session (check one)

Fall session \$140 (*Sept. 18-Dec. 5)
 Fall session for 2 siblings \$255

Save \$25!

*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: _____