

# Drama Club Registration Form

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male / Female

Homeroom: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Class:  Tuesday (3-6GL)  Thursday (1-2GL)

Parent/Guardian Information	Parent/Guardian/Emergency Contact Information
<b>Name:</b>	<b>Name:</b>
<b>Best Contact Phone:</b>	<b>Best Contact Phone:</b>
<b>Email Address:</b>	<b>Email Address:</b>
<b>Street Address:</b>	<b>Street Address:</b>
<b>City, State, ZIP:</b>	<b>City, State, ZIP:</b>

Student will be picked up at:             Gate                     Khalsa Afterschool Care

Please list any medical conditions or physical limitations that we should be aware of (asthma, breathing condition, heart conditions, allergies, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

### Acknowledgement of Risk and Waiver of Liability

As parent or legal guardian of (child's name) \_\_\_\_\_, I hereby consent to his/her participation in the Drama Club. I understand that my child's participation in this program is voluntary and could cause injury. I hereby forever release and hold harmless Michelle Edwards and KMES of all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by the participant while participating in Drama. I hereby give consent to KMES and/or the program instructor to approve emergency transportation and/or medical services as needed. This acknowledgement of risk and waiver of liability has been read by me and understood completely and signed voluntarily as to its content and intent. I am 18 years of age or older.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Khalsa Drama Club

Khalsa Montessori Elementary School  
Tuesdays & Thursdays from 3:30 – 4:30pm

### Information:

#### Tuesdays

3:30-4:30pm

**3<sup>rd</sup> to 6<sup>th</sup> Years Group**

Limit: 15 students

#### Session Dates:

09/11/18-11/27/18

(12 classes)

#### Thursdays

3:30-4:30pm

**1<sup>st</sup> & 2<sup>nd</sup> Years Group**

Limit: 15 students

#### Session Dates:

09/06/18-11/29/18

*\*No Class 11/22/18*

(12 classes)

**Cash or Check  
Payable to:**

KMES

#### Fee:

\$120.00

#### Payment Due:

At time of registration

Older students will focus on the art of improvisational theatre. They will learn exercises and skills to help them feel comfortable creating their own characters and worlds onstage... And on the spot.

Younger students will spend the semester cultivating their very own play. Collectively they will develop characters and study the basics of plot and storytelling to create their own script. Time each class will be spent on creating and painting backdrops, props, and costumes. Rehearsing and memorizing lines will culminate in a short play made just by them! Please spend time with your child at home reading and ideally memorizing their lines for the final production.

Both classes will have a performance on the last scheduled class at 4pm. All family and friends are welcome to watch.

### Please Note:

Your child will not be allowed to participate without a signed release form and tuition paid during registration. Cash or checks, payable to KMES, are accepted. No payment plans available. All registrations need to be completed through the school office. Special arrangements may not be made with the teacher. All students must be currently enrolled in KMES to participate in KMES extra-curricular classes. No refund if student is absent. Refunds will be issued if class is cancelled and not rescheduled. Receipt will be issued upon completion of class.

Please pick your child up promptly at the **elementary campus** at the end of class. The program instructor will send the child to KAC (Khalsa Afterschool Care) for emergency care at an additional cost, per the Late Pick-Up Policy, in the event of a delay.

Please fill out this form and turn in with payment to school office at the time of registration. Class size is limited. First come, first serve.

**Instructor: Michelle Edwards**

**Khalsa Montessori**

Phone: (602) 252-3759

Fax: (602) 252-5224

#### FOR INTERNAL USE ONLY

Date Paid \_\_\_\_\_

Amount Due \_\_\_\_\_

Amount Paid \_\_\_\_\_

Cash

Check No. \_\_\_\_\_

Money Order

Payment Plan

Date Received \_\_\_\_\_