

# FALL 2018 AFTER SCHOOL THEATRE PROGRAM

This 8-week after school program will provide students with engaging weekly courses on acting and theatre production, led by Salt Lake Community College instructors and theatre students. Participants will serve as playwrights, actors, directors, and designers as they develop their own play for a performance on Nov. 6 at SLCC's Grand Theatre.

Classes start Wednesday, September 12, 2018

Contact your after school coordinator  
to sign up!



Presented by  
**SALT LAKE COMMUNITY COLLEGE**  
**SCHOOL OF ARTS, COMMUNICATION & MEDIA**

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**ARTS**  
COMMUNICATION  
& MEDIA

Salt Lake  
Community  
College  
SOUTH CITY CAMPUS

**G**  
GRAND  
THEATRE

# Glendale Theatre Club

Led by Salt Lake Community College instructors and students.

## Program Info:

**Who** – Students in 6<sup>th</sup> 7<sup>th</sup> and 8<sup>th</sup> grades

**When** – 3:30 p.m. – 4:30 p.m. Wednesdays (after school)

**Where** – Glendale Middle School Auditorium

**Contact** – Erica Andino (801) 974-8324

<b>Student Name</b>	First	Last	<b>Birth date</b>	<b>Sex (M/F)</b>
<b>School Last Attended</b>	<b>Special Needs:</b>		<b>Student Lunch #</b>	<b>Grade (entering)</b>
	YES _____ NO _____			
<b>Legal Address</b>	Street	City	Zip	

**Guardian/Mothers Name:**

**Mothers Phone:**

**Guardian/Fathers Name:**

**Fathers Phone:**

**Allergies or Allergies to Medication**

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please list:

- 1.
- 2.

**Photo Press Release**

I give permission for photographs and video recordings of my student may be taken by The Theatre Club Program and may be used in promotional materials for this and other partner programs.

DO \_\_\_\_\_ DO NOT \_\_\_\_\_

**Information Sheet**

\_\_\_\_\_ I have read, and understand the information sheet provided along with my application.

**Emergency Contacts**

Responsible adults who can be contacted if parents cannot be reached at home or work.

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

**Parent Permission:**

In the event of illness or accident to a child of mine while attending school which, in the judgment of the principal of the school, or this authorized designee, would seem to require medical attention

I hereby DO \_\_\_ DO-NOT \_\_\_ authorize the principal or his/her designee, to secure medical services for my child, at my expense, including doctor, hospital, and ambulance services if I cannot be reached promptly by phone or, if in the judgment of the principal/designee of the school medical help is immediately required without time to reach me.

**FIELD TRIP PERMISSION FORM**

Occasionally, our after-school program will entail walking or taking the school buses or UTA to points of local interest. Every possible precaution will be exercised to ensure the safety and welfare of your child. However, the school and its authorized agents shall not be responsible, financially or otherwise, should an accident occur.

**My student DOES \_\_\_ DOES NOT \_\_\_ have permission to participate in field trips**

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature