



JAN. 9- FEB. 13

STEWART

CENTER STAGE

Permission Slip:

Please fill out, cut THIS part off only, and return in your child's folder or to office.

Yes, my child will participate in Stewart Center Stage theater clinic and I will pick my child up at 5:00pm every Tuesday from January 9th until February 13th.

Student Name: _____ Grade: _____

Parent Name: _____

Parent Signature: _____

Cell/Home Phones: _____

Medical Conditions:

Yes, my child has medical conditions/allergies Please list below:

No, my child has no medical conditions/allergies.

(Contact us if your child has special needs!)

Who:

4-5th grade students interested in theater performance.
Limit: 15 participants

What: A 6-week clinic to work on theater skills such as Improv, skits, song & dance

When: Tuesdays from 4-5 pm

Why: To learn all about performing and building confidence on and off stage



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