

# FAIRVIEW RECREATION

## DRAMA / READERS THEATER

### GRADES 5 and 6

#### ACTIVITY DATES

Wednesday, February 3  
Wednesday, February 10  
Wednesday, February 17  
Wednesday, February 24

Wednesday, March 3  
~~Wednesday, March 10~~  
Wednesday, March 17  
Wednesday, March 24  
~~Wednesday, March 31~~

~~Wednesday, April 7~~  
Wednesday, April 14  
Wednesday, April 21  
Wednesday, April 28

Wednesday, May 5  
Wednesday, May 12  
Wednesday, May 19



All activities will be held from 2:45p.m. to 4:15p.m. at Fairview School. Participants will explore literature, bringing it to life through drama. If you have any questions, please see Mrs. LaCroix at Fairview. (12 student maximum)

REGISTRATION FEE: \$26.00 PER PARTICIPANT  
(Check or money order payable to Fairview School.)

ATTENTION PARENTS!

Please keep this calendar of dates for your reference!

Return completed registration form and fee to school no later than Friday, January 29.

## FAIRVIEW RECREATION

### DRAMA / READERS THEATER

### GRADES 5 and 6

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

GRADE: \_\_\_\_\_

ROOM: \_\_\_\_\_

Permission is granted for my child to participate in the above activity as conducted by the MPS Recreation Division. I agree that if a health condition exists which would limit his/her participation in this activity, I will notify the Recreation Division. Attached is the \$26.00 registration fee.

#### EMERGENCY/PARENTAL CONSENT FORM

Please list any medical condition that could affect your child's participation in this activity:

Please list any medications your child is currently taking:

Please list two persons we can contact in case of an emergency:

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

- \* I give my consent for the Fairview Instructor to use their own judgment in securing medical aid or ambulance service in case emergency contact persons cannot be reached.
- \* I understand that my child may be expelled from this program if he/she is unable to follow school rules. I understand that my child may be suspended from participation at Administrator's discretion.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_