



**Classes held at:**

Second-Ponce de Leon Baptist Church  
Family Life Center  
2715 Peachtree Road  
Atlanta, GA 30505

**Now Registering for Fall 2011 classes!  
Space is limited!**

## **Theatre classes for kids!**

### **Creative Dramatics (Ages 3-5)**

Students will develop their confidence and creativity by exploring physical choices and unique ways to express themselves while acting out characters and storylines from children's books and fairy tales. Fun theatre games, music, and activities will help students learn to express themselves artistically while working as a team and having fun!

Wednesdays 12:30-1:30 pm; Sep. 14-Nov. 16  
\$150 (10 wks)

### **Songs and Scenes (Ages 6-9)**

Students will play theatre games, learn basic theatre terminology and etiquette, and receive training in acting, singing and dancing while learning songs and scenes from the Rodgers and Hammerstein beloved classic "The Sound of Music". The class will culminate in a showcase performance.

Mondays 5-6 pm; Aug. 22-Nov. 7  
\$180 (12 weeks)

### **Comedic Acting (Ages 10-12)**

Students will learn how to use their faces, voices, and bodies to portray characters while playing theatre games, learning basic theatre terminology and etiquette, and rehearsing scenes and monologues. A focus will be placed on comedic acting skills including timing, physicality and creating larger-than-life characters. The class will culminate in a showcase performance.

Mondays 6-7 pm; Aug. 22-Nov. 7  
\$180 (12 weeks)

*Forefront Arts instructors incorporate character-building instruction into all our classes so students will be developing their leadership, teamwork and self-confidence skills while learning to express themselves artistically.*

*To learn more about our program visit [www.ForefrontArts.com](http://www.ForefrontArts.com)*

Mail registration form and check/credit card info to:  
 Second-Ponce Family Life Center  
 Attn: Elizabeth Aiello  
 2715 Peachtree Rd., Atlanta, GA 30505-2907  
 Or come into the facility to register. 404.591.4379

STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PARENT 1: \_\_\_\_\_ PARENT 2: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT (other than primary parent): \_\_\_\_\_  
 PHONE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

Any behavioral or learning challenges we should be aware of so that we can best serve your child?

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**Medical Liability/Emergency Medical Care /Photo Release Waiver**

Forefront Arts provides classes and training at the exclusive risk of the participants. It is strongly recommended that students are covered by their own family insurance policy. Forefront Arts is not responsible for any damage or loss to personal property or injury suffered during any associated event or activity. Your signature indicates full acceptance and understanding of this liability waiver and all Forefront Arts policies.

I give permission to Forefront Arts to authorize any medical attention needed to my child/student in the event of a medical emergency.

I hereby authorize and consent that Forefront Arts shall have the absolute right to copyright, publish, or use any and all photographic portraits or pictures, videotapes and/or sound recordings, or any part thereof, they have taken or made of my child, or in which my child may be included in whole or in part.

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

**Insurance Information:**

Primary Care Physician \_\_\_\_\_  
 Physician Office Phone \_\_\_\_\_ Physician After Hours Phone \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Medical problems/restrictions \_\_\_\_\_  
 Current medications - both prescription and over-the-counter \_\_\_\_\_  
 INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
 GROUP NUMBER \_\_\_\_\_ INSURANCE PHONE NUMBER \_\_\_\_\_  
 Policy Holder Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Payment Information**

Check  Credit Card   
 Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Amount to Pay: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Class Choice**

- Creative Dramatics (ages 3-5)
- Songs and Scenes (ages 6-9)
- Comedic Acting (ages 10-12)