

OLDE CREEK PTA PRESENTS
A CLASS ACT – ACTING FOR YOUNG PEOPLE
Sponsored by the City of Fairfax Commission on the Arts
AT OLDE CREEK ELEMENTARY SCHOOL
FALL 2011 AFTERSCHOOL DRAMA PROGRAM

For Grades K – 3

ABOUT THE PROGRAM

Students learn to use their own unique qualities to act, using theater games, improvisation, story telling, and text. Through individual and group activities, young actors build confidence and each will make a significant contribution to our final presentation, held on the last class day. This program has been specially adapted for after school programs from AFYP's expanded curriculum of classes and Summer Arts Camps, and is ideal for students with any level of experience.

Duration: Eight Tuesdays, January 24 – March 20, 2012 (no class January 31, 2012)

Time: 3:00 – 4:00 p.m. (*Students must be picked up promptly at 4:00 p.m*)

Cost: \$80 per student (*includes materials fee*)

Where: Olde Creek Cafeteria

About A Class Act – Acting for Young People & Adults, Inc:

Our goal at AFYP is to provide actors of all ages with professional-level training in a supportive and fun environment. Through this training, we hope to help our actors develop skills that will serve them in all walks of life, on stage and off.

Our faculty is made up of working professionals in the industry – actors, directors and teaching artists who are constantly honing their skills through their creative endeavors and bringing those skills back to share with our students.

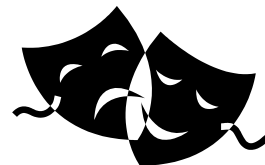
We look forward to being at Olde Creek Elementary School!

REGISTRATION DEADLINE: January 13, 2012

Class size limited – enroll early!

PLEASE MAKE CHECK PAYABLE TO “AFYP” and return the check and registration form to Olde Creek, attention Amy Parker.

If you have any questions about the K – 3 drama class, contact Olde Creek's AFYP club coordinator, Amy Parker, by phone 703-426-2706 or by email at aparker1225@gmail.com.



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REGISTRATION FORM (please use separate form for each actor)

Actor’s Name: _____ Age: _____ Birthday: _____ Grade: _____

Teacher: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

In order for us to best serve each student, please list any physical, cognitive or emotional disabilities, or any other special/medical needs (including allergies): _____

After class my child will go to SACC be picked up by: _____

Previous acting classes taken, if any & where: _____

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