

PERMISSION FOR S.F.A. DRAMA CLUB AFTER SCHOOL REHEARSALS

PLEASE COMPLETE THE FOLLOWING INFORMATION

Child's Name: _____ Grade: _____

By allowing my child to stay after school I agree to the following:

- I understand that the Drama Club rehearsals will meet **after school in the cafeteria at 2:00 p.m.**
- All parents are responsible for pick up and transportation home for their children promptly at 5:00 p.m. (5:30 p.m. on extended rehearsals after April vacation.)
- Any Student walking to the library or going home with someone other than a parent must have a note.
- I understand that if my child misses more than 3 rehearsals that their part may be given to someone else.
- I understand that the same rules for behavior apply for the Drama Club as they do for school. Any student that cannot work with the teachers, parent/student volunteers and other cast members will be asked to leave the Drama Program.
- Children will be dismissed via the front entrance of School (as is done every school day at St. Francis).
- If there is no school (for whatever reason) there is no rehearsal.
- All important Health Information for my child is as follows:

Child's Birth date: _____

Allergies: _____

*Please list any additional medical/physical/emotional conditions of which we should be aware (chronic conditions, handicaps, medications, etc.)

In case of emergency, I understand every effort will be made to contact parents or guardians at the following:

Parent/Guardian Name: _____ Phone: _____

If I cannot be reached please contact: _____

(Relation to Child) _____ at (phone) _____

Physician's Name: _____ Phone: _____

I understand and agree to all the above information and give my child permission to participate in the S.F.A. Drama Club Rehearsals.

Parent/Guardian Signature: _____

Please return this form with your payment of \$80.00 to school by Thursday, February 16, 2012.