

# DramAntiKs®

Dramatic Acting for Kids™

An **eight-week** after school program dedicated to the enrichment of children and the expansion of the imagination. Experts agree that through theater games and acting, children learn to focus and concentrate their energies and improve their writing and communication skills. Theater skills enhance children's self esteem, make it easier to step into new situations, help them problem-solve, strengthen listening skills, encourage cooperation, and manage public speaking fears.

**4th through 8th grade workshop runs:** 2:45–4:00p.m. starting on Tuesday, **January 10<sup>th</sup>** with an extended rehearsal on February 29<sup>th</sup> and a performance on **Thursday, March 1<sup>st</sup>** at 6:30 p.m.

**Kinder through 3<sup>rd</sup> grade workshop runs:** 2:45-3:45p.m. starting Thursday, **January 12<sup>th</sup>** with an extended rehearsal on February 29<sup>th</sup> and a performance on **Thursday, March 1<sup>st</sup>** at 6:30 p.m.

**\*\*Please make careful note of the specific dates for rehearsal and performances.**

Cost: **\$100 per student**

**\*Make checks payable to St. John School**

Sign ups must be turned in to the school office by Friday, January 6<sup>th</sup>.

The program is designed and taught by Marguerite Pini-Cohen. Mrs. Cohen is a credentialed educator with a Bachelor of Arts in Theater. She has taught in different districts across San Diego County, with several years at St. John School. She also has over twenty years of theatrical experience ranging from theater and film acting to directing and producing theater productions. She is a member of the Screen Actor's Guild and founder of the St. John Players.

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Name \_\_\_\_\_ Teacher/grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell phone \_\_\_\_\_

**\*All further communication will be made via e-mail**

**Release From Liability** (Please read carefully)

I understand and agree that by signing this form, I am freeing St. John School and DramAntiKs, LLC, its officers, or other agents from any liability resulting from my child's participation in the sponsored activity. I certify that I have personally read and understand this waiver and release.

SIGNATURE (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Pick up:** \_\_\_parent \_\_\_carpool \_\_\_daycare