

Dear Parent,

We are pleased to announce that a 'Learning Through Drama' after school academy will be held on **Wednesday** afternoons at '**Splitz**' **dance & performing arts studios** in Belper for children aged between 6 and 12. The club will start on **Wednesday 6 September 2006** and run **until Wednesday 13 December 2006**. The club will take place for one hour from **5.00pm to 6.00pm** during the winter term.

At 'Learning through Drama' we firmly believe in creating inspiring, fun and memorable learning experiences for children. The 'LTD' promotes and sustains effective communication in a positive, friendly and stimulating environment. We use readily adaptable drama through which the children's own ideas can grow and flourish. It is our aim to encourage co-operation, self-development and social awareness by providing an opportunity to socially interact with an enthusiastic team.

As with all other activities we ask that you make an advance payment for the course, although in special circumstances a weekly payment can be made. The course is **£4 per session** over 14 weeks (**seven sessions before half term and seven sessions after**) giving a total of **£56** to pay. Please note this payment is for the **whole winter term**. The closing date for payments is Wednesday 6 September 2006. Please note that cheques will not be cashed until the workshops commence in September.

Please be advised that these academies are nearly always full and we can only accept the first thirty applicants received. To apply for a place please enclose the completed form and the relevant cash or cheque made payable to 'Learning Through Drama' in a sealed envelope with your name and school on the back. This should be given to Hettie before the first session commences.

We hope this academy and/or the summer drama workshop are of interest to you and look forward to your continued support,
Yours sincerely

Hettie Robinson (Director, Learning Through Drama)

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NAME _____ SCHOOL YEAR _____ DOB _____

ADDRESS _____ TEL _____

MEDICAL CONDITIONS _____

E – MAIL ADDRESS _____

SIGNED _____ DATE _____

HOW WILL YOUR CHILD GET HOME? COLLECTED WALK