



# Drama Time

After-School Drama Program

## 2018-2019

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Welcome and thank you for choosing us for your child's after-school program. We are excited to kick off this partnership with the Community Theatre of Greensboro and The Experiential School. Our programs are designed to help participants develop socially, emotionally and of course theatrically!!! Children will participate in a variety of activities which develop physical and social skills at play.

In this handbook you will find necessary information pertaining to our policies and procedures.

We look forward to a school year of fun and learning where your child will develop friendships, memories and skills that will last a lifetime.

**HOURS OF OPERATION:** Programming will operate Monday to Friday from 3:30pm until 6:00pm. All students must be picked up by 6:00pm. We will not operate on the following days:

September 3rd	November 12th	November 21st-23rd	December 21st	December 24th-31st
January 1st-2nd	January 21st	April 19th	April 22nd-26th	May 27th

We will have programming on the following dates for an additional fee of \$10 per day. Classes on these dates will be from 8:30am-5:30pm on the 4<sup>th</sup> floor of the Greensboro Cultural Center. (200 N. Davie Street)

September 19th	November 2nd	February 18th	March 29th
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\*Please note that Drama Time will not operate when school is dismissed early or closed for students due to inclement weather conditions. \*

**LATE PICK UP:** We ask that children be picked up promptly at the end of the day. If you are running late please call 336-333-7470 ext. 201 to let us know when you will arrive. A late fee of \$5 will be charged for children picked up after 6:05pm. Additional charges will continue to accrue at a rate of \$5 for each additional five minute segment.

**PAYMENTS:** Payments may be made in the form of cash or money order onsite. You may also pay online at [www.ctgso.org](http://www.ctgso.org). Weekly payments are due on Wednesdays.

No checks will be accepted. Tuition will not be prorated and the weekly fee is due regardless of the number of days a student attends during the week and must be paid when a student is absent an entire week.

**CHECK OUT:** Parents/Guardians are to show ID when picking up a child. A photo ID MUST be shown every single time a child is picked up. Please complete the enclosed pick up authorization form. You may email it back to [admin@ctgso.org](mailto:admin@ctgso.org) or you may bring it on the first day of school.

**MEDICATION:** We strongly encourage medications to be administered at home. Written authorization is required from parent/guardian on the Medication Authorization Form before staff can administer any medication. Medication includes prescription and over the counter medications.

Medication must be labeled with your child's name on it and in a plastic zip lock bag. The labels on each bag must include the child's name, name of medication, dosage, and times to be administered. Medication will be secured while at Drama Time.

**ALLERGIES:** All allergies or medical conditions should have been listed on the registration form.

**SNACKS:** Community Theatre will provide a snack for all students each day. Students are more than welcome to bring additional snacks from home.

**CELL PHONES:** CTG and TESSG staff is not responsible for any cell phones that are lost, stolen or damaged.

**CANCELLATION POLICY:** There are no refunds on camp registrations. If your child would like to withdraw from the program we must have 2 week written authorization.

**ACCIDENTS:** Parents will receive notifications of any injuries. If a child has a minor injury an incident report will be sent home with that child.

**DISMISSAL FROM CAMP:** Your child's participation in this afterschool program may be terminated under the following conditions:

- Payments become 2 weeks late
- Campers who exhibit inappropriate behavior or other serious disciplinary problems.
- Bullying

**LOST AND FOUND:** All lost and found items will be kept in the office for one week.

**GROUPS:** Each group will consist of 15-18 children. Groups will be divided between K - 3<sup>rd</sup> and 4<sup>th</sup> - 6<sup>th</sup>. There will be times during the semester that the groups will be together.

**PROGRAM AND BUILDING RULES:**

- All students will address staff as Ms. or Mr.
- No sitting, climbing, standing or jumping off stairwell.
- No pushing, hitting, pinching, kicking, scratching, biting, spitting, name calling and/or throwing things at each other.
- All students will help pick up and clean up the areas of each classroom.
- All students are expected to participate and follow directions.
- Children will be escorted to the restroom at all times.
- No child will be allowed to wander the building by themselves.
- All students will respect the school property, supplies and equipment.



**Rozalynn Fulton**  
Program Director



**Nikki Philbrick**  
Program Coordinator



**Katie Hailey**  
Lead Instructor  
Grades K - 3



**Madi Mack**  
Lead Instructor  
Grades 4 - 6

AUTHORIZATION TO PICK UP A CHILD FROM DRAMA TIME at TESG

Name of Child(ren): \_\_\_\_\_

I hereby inform The Community Theatre of Greensboro that the people listed below are authorized to pick up the above named child(ren) at anytime. Accordingly, The Community Theatre of Greensboro is hereby instructed to release my child(ren) into the care of the following people whenever they come.

AUTHORIZED PICK-UP PERSON: Name: Relationship to Child: Phone Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I understand that: · Parents/guardians must inform The Community Theatre of Greensboro (via in person or email) of any changes to the pick-up form. The “Authorized Pick-Up Person” must be at least 18 years old and will be asked to provide a photo ID to the staff. Anyone without proof of identity will not be allowed to pick up a student. This authorization shall remain in force until edited or rescinded in writing.

**Parent/Guardian**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMMUNITY THEATRE OF GREENSBORO  
AUTHORIZATION OF MEDICATION FOR A STUDENT AT DRAMA TIME**

**Child's Full Name:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Time Medication is to be given:** \_\_\_\_\_  
*(Medication will not be given on an "As Needed" basis, specifics must be provided)*

**Amount of Medication to be given:** \_\_\_\_\_

**Dates to be given:** \_\_\_\_\_  
*(Not to exceed two weeks without a physician's statement)*

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**FOR CENTER USE (Reminder: document the reasons why medications are not given as parent requested i.e. child absent, medication not sent, child sleeping, etc...)**

	DATE	TIME GIVEN	AMOUNT	ANY ADVERSE REACTIONS	ADMINISTERED BY:
<u>1.</u>	_____	_____	_____	_____	_____
<u>2.</u>	_____	_____	_____	_____	_____
<u>3.</u>	_____	_____	_____	_____	_____
<u>4.</u>	_____	_____	_____	_____	_____
<u>5.</u>	_____	_____	_____	_____	_____
<u>6.</u>	_____	_____	_____	_____	_____

\*If noticeable adverse reaction to medication, what action was taken? Describe:

**FORM MUST BE COMPLETED IN ENTIRETY BEFORE MEDICATION IS  
DISPENSED!**