



# Fairy Tale Theatre

## Dufief Elementary After-School **Drama Class**

### Catriona's Castle Hands-On Children's Theatre



Karen Macgregor Ebert is the owner of Catriona's Castle Hands-On Children's Theatre and has been an approved performer for MCPS since 1988. Karen also teaches drama classes at BlackRock Center for the Arts.

For information, call Karen at **301-602-9877** or email her at **karen@catrionascastle.com**

Catriona's Castle website: **www.catrionascastle.com** School contact: Leilani Micalizzi at **leilanik@gmail.com**

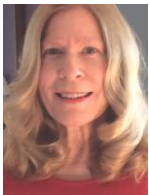
**Grades K-3** Students use their imaginations to bring classic stories to life using elaborate costumes, props, and small-scale scenery. The teacher costumes the students and then directs them to act out the play. There is no line memorization and no pressure, as the teacher will whisper lines to the students. The class emphasizes theater vocabulary, drama skills, and projection along with peer interaction, cooperation, and stage presence.

### **9 stories - A different show performed in costume each week!**

Tentative Stories: *Snow White and the Seven Dwarfs, The Magic Flute, Cinderella, The Wizard of Oz, Alice in Wonderland, Rumpelstiltskin, The Sleeping Beauty, Jack and the Beanstalk, The Nutcracker*

#### **Tuesdays 3:35-4:35**

- September 25
- October 2
- October 9
- NO CLASS** October 16
- October 23
- October 30
- NO CLASS** November 6
- November 13
- November 20
- November 27
- December 4 *The Nutcracker*



These materials are neither sponsored nor endorsed by the Montgomery County Board of Education, the superintendent, or this school.

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### **Dufief Elementary School Fairy Tale Theatre Drama Class Registration Form Due Monday, 9/17**

**Check in the amount of \$200.00 should be made payable to Catriona's Castle and mailed to:**

**Catriona's Castle, 19005 Wootton Avenue, Poolesville, MD 20837 (Fee for 2<sup>nd</sup> child @ \$175.00)**

Student's Name \_\_\_\_\_

Student's Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Contact's Name \_\_\_\_\_ Parent/Contact's Phone Number \_\_\_\_\_

Parent or Contact's Email Address \_\_\_\_\_

Permission to use my child's photograph for website/Facebook (Signature) \_\_\_\_\_ YES \_\_\_ NO \_\_\_