



# Longwood Speech, Hearing, and Learning Services presents



## READER'S THEATER

**Who:** Children 7 years and older

**What:** An engaging and motivating strategy that combines reading practice and performance.

**Where:** Longwood Speech, Hearing, and Learning Services, 315 W. Third St. Farmville, VA 23909

**When:** Tuesdays, Wednesdays, and Thursdays for four weeks: July 10—August 2 from 1:30- 4:15pm.

**Goals:** Enhance students' reading skills and confidence by having them practice reading with a purpose. Reader's theater gives students a fun reason to read aloud.

**Cost:** \$75 for the first week and \$65 for each additional week. A \$40 nonrefundable deposit is required by June 4th, with this form, to reserve a space and is applied to the first week's payment.

Full payment required by June 22nd. Refunds are not given after June 30th.

*10% discount for families of LU employees. Limited stipends are available, if needed.*

**Reader's Theater will be conducted by Communication Sciences and Disorders graduate students and supervised by a speech-language pathologist faculty member.**

**Registration will be open until June 4th or until all openings are filled.**

Complete One Registration Form  
For Each Child and Send To:

Longwood Speech, Hearing, & Learning Services  
PO Box 513  
Farmville, VA 23901



Contact (434) 395-2972  
for more information  
[www.longwood.edu/shls/](http://www.longwood.edu/shls/)  
[www.facebook.com/LUSHLS](https://www.facebook.com/LUSHLS)

### READER'S THEATER REGISTRATION

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall: \_\_\_\_\_ Current Age: \_\_\_\_\_ T-shirt size \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Known food allergies: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Weeks Attending (Check all that apply)

July 10-12

July 17-19

July 24-26

July 31-Aug 2

Who is permitted to pick up your child? \_\_\_\_\_  
Please see reverse side for Photo/video-release.



315 West Third Street  
Farmville, Va 23901 (434)395-2972

### Photography and Videography Release

Client/Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

I am authorizing Longwood Speech, Hearing and Learning Services to photograph and/or video the service sessions for the use(s) listed below. I understand that these are used for informational, educational and/or promotional purposes only and will not be sold to any outside agency.

I give consent for: (Initial) \_\_\_\_\_ Photography (Initial) \_\_\_\_\_ Videography of the following:

- Initial \_\_\_\_\_ Education/Training of Students
- Initial \_\_\_\_\_ Official University Publications
- Initial \_\_\_\_\_ Marketing Materials
- Initial \_\_\_\_\_ Camps and will be shared with other participants
- Initial \_\_\_\_\_ I **DO NOT** given consent for photography or videography.

**X** \_\_\_\_\_  
Signature of Client

**X** \_\_\_\_\_  
Signature of Parent/Legal Guardian

Date Signed: \_\_\_\_\_

Expiration date of authorization: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Revised 2/1/18

No expiration date: 