**Younger Voices**

**Application Form**

Does your child enjoy stories and watching theatre shows?

Does your child have lots of ideas they like sharing?

**Then Polka’s *Younger Voices* is the group for them!**

Younger Voices is for children aged 4 - 7 who meet throughout the year to take part in a range of different activities to tell us what they think of them. Activities include meetings with our creative teams, attending drama, movement and arts & crafts workshops, and taking part in research and development of new theatre shows.

We want to hear their thoughts, views and opinions, as well as, getting their feedback on all things Polka so we can deliver the best children’s creative experiences on and off the stage!

**I would like my child to apply for Younger Voices.**

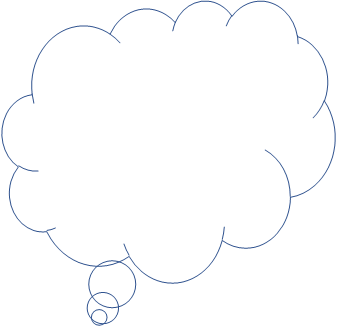
|  |  |
| --- | --- |
| Child’s Name |  |
| Parent/Carer Name |  |
| Postal Address |  |
| Telephone Number |  |
| Contact Email |  |
| Date of Birth |  |
| School Attending |  |
| School Year |  |

Please help your child to fill in the following application form. They will need to answer **ONE** of the two questions.

1. **Can you tell us about your favourite story, TV show, play or film you have read or watched recently?**

*What did you like about it? In the bubble, can you write some descriptive words to tell us what it looked like?*

*Or draw what it looked like?*



**2) Can you circle or highlight the words you like the most?**

Stories Puppets Dressing up

Play Family

Art Workshops Friendship Songs

Characters Collaboration

Emotion Entertainment Relationships

Animals Creativity Fantasy Adventure Mime

Outdoors Drama Props

Scenery Experiments

Music Lights, Camera, Action! Performance

Fairytales Musicals

Dance Soundscape Comedy Stage

Adaptation Poetry Movement

Curtain Call Education Imagination

Books Discovery Research Folktales

Magic Surprise Mystery

Costumes Tragedy Fantasy

Now we’d like to find out more about you.

**Draw or make a collage of yourself** **in the picture frame, writing some words or sentences around it that describe you and what you like.**

For example, your favourite food, what you like doing in your spare time, your favourite subject at school or what you do at the weekends.

**OR**

You could **record a short video or audio clip** telling us about yourself, such as, what you look like, what your hobbies are, if you have any pets etc.

**About You**

**Finally**

For Parent/Carer to complete

I hereby give consent for my child to apply for **Younger Voices**.

I understand if their application is to be successful, my child will be attending regular sessions at Polka Theatre.

Signed Parent/Carer: Date:

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If you have any queries, please get in touch, otherwise send your completed form to:

Heidi Pointet

Participation Officer

Polka Theatre

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020 8545 8349

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Thank you for applying to Polka’s **Younger Voices**.

**We will be in touch very soon!**