

Tots and Toddlers

Music Time

What is it: Age appropriate music activities designed to enhance language, social, and cognitive development. The children will use instruments, singing, movement, baby sign language and books to explore their world and play through music. New songs and activities are added so the classes are never exactly the same from session to session. Instruments are provided by Summit Music Therapy.

Where: Waverly Community House All Purpose Room (Scout Room)

Cost: \$59 for the six week session

Who: Summit Music Therapy, Cheryl Mozdian, music therapist and music educator.

When: Please check class

Advance registration by October 19, 2018 as space is limited to 12 per class

Weekday Morning Classes:

Fridays, October 26—Dec. 7, 2018

2 - 5 years: 9:15 - 10:00 am ____

or

6 months - 2 years 10:00 - 10:45 am ____

children _____ x \$59 = _____

Weekday Evening Classes:

Thursdays, October 25—Dec. 6, 2018

6 months - 5 years: 6:00- 6:45 pm ____

or

6 months—5 years: 6:45—7:30pm ____

TOTS AND TODDLER MUSIC TIME REGISTRATION FORM

Name: _____

Address: _____

Email: _____ **Parent/Guardian Name:** _____

Day Phone: _____ **Alternate Phone:** _____

Please fill out the following:

Emergency Contact Name: _____

Phone: _____

Release: *I understand and agree that I and/or my child(ren) may be interviewed or photographed by a person(s) on behalf of The Comm and/or this program and that such materials may be used for publications, website promotions or advertising. I/we do not, will not hold Cheryl J. Mozdian, Mt-BC or any individual associated with the Tots and Toddlers Music Time Program. The Waverly Community House or its employees, Board of Trustees, volunteers or Waverly Township responsible for any accident or injury incurred by my child(ren) or myself while participating in this program.*

Parent/Guardian Name (please print):

Parent/Guardian Signature:

Make checks payable to **The Waverly Community House** and return to: **Waverly Community House, P O Box 142, Waverly PA 18471.**

Method of Payment:
check cash VISA MC Discover AMEX

Credit Card #:

Expiration Date: _____ **CVV:** _____

Cardholder Signature:

Check/MO #: _____ **Amt:** \$ _____