

# 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 (In the Scout Room on Thursdays, Fridays, and Saturdays)

**Cost:** \$55 for the six week session.

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

**When:** Please check class. **\*Note: No classes the week of April 13, 14, 15 for Easter**

# children \_\_\_\_\_ x \$55 = \_\_\_\_\_



**Weekday Morning Classes:**

Fridays, March 31—May 12, 2017

2- 5 years: 9:15 - 10:00 am \_\_\_\_\_

6 months - 2 years: 10:00 - 10:45 am \_\_\_\_\_

**Weekend Morning Class:**

Saturdays, April 1- May 13, 2017

6 months—5 years: 10—10:45 am \_\_\_\_\_

**Weekday Evening Class:**

Thursdays , March 30—May 11, 2017

6 months - 5 years: 6:00- 6:45 pm \_\_\_\_\_

## 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:** \$ \_\_\_\_\_