

# Tots and Toddlers Music Time

**What is it:** A chance for our little ones to gather and make music in a socially distanced setting in The Comm Gym. We'll be drumming, singing, moving, and exploring music. Age appropriate music activities will be used to enhance childhood developmental milestones. Masks are required for everyone 2 and older. Please wear a mask and practice social distancing.

**Where:** Waverly Community House Gym.

**Cost:** \$12 per session, per child. Includes a sanitized instrument pack to use during the session. Return after.

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

**When:** Please check classes you'd like to attend. All classes serve ages 6 months to 5 years old.

Thursdays, 6:00 – 6:45 pm	
October 29 _____	November 5 _____
November 12 _____	November 19 _____
December 3 _____	December 10 _____

Fridays, 9:30 – 10:15 am	
October 30 _____	November 6 _____
November 13 _____	November 20 _____
December 4 _____	December 11 _____

## TOTS AND TODDLER MUSIC TIME REGISTRATION FORM

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**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:**  
\_\_\_\_\_

CALL THE COMM OFFICE FOR DETAILS! 570.586.8191, EXT. 2

www.waverlycomm.org

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