

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 Gym

Cost per child: Single Class: \$12; Three Classes: \$33; 6 Six Classes: \$60

Who: Summit Music Therapy, Cheryl Mozdian, and Corinne Lawrence.

When: Thursday evening's or Friday morning's, February through April 2021

***Participants will register for specific dates but can reschedule, if needed, by contacting Cheryl at cmozdian@gmail.com or 570-862-2495. Minimum of 3 paid registrations needed to run a class. Cheryl will notify the families if a class is cancelled and offer to reschedule.

Thursday Evening Classes - 6:00—6:45 PM

Feb 4 ___ Feb 11 ___ Feb 18 ___ Feb 25 ___
 Mar 4 ___ Mar 11 ___ Mar 18 ___ Mar 25 ___
 April 1 ___ April 8 ___ April 15 ___ April 22 ___

Friday Morning Classes— 9:15—10:00 AM

Feb 5 ___ Feb 12 ___ Feb 19 ___ Feb 26 ___
 Mar 5 ___ Mar 12 ___ Mar 19 ___ Mar 26 ___
 April 2 ___ April 9 ___ April 16 ___ April 23 ___

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:

CALL THE COMM OFFICE FOR DETAILS! 570-586-8191

Comm website: 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: \$** _____