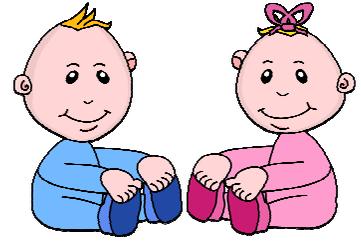


Montville Recreation Department's



# TINY TUNES



**An enjoyable music program to learn and appreciate the musical journey.**

**WHO:** Infants through Age 5 **AND** their Adult Care Provider

**WHAT:** This program explores finger-plays, sign language, counting, the basic scale as well as non-vocal music using rhythm instruments. Children and adult care-providers are encouraged to participate together, enhancing their musical experience. Children participate at their own level by singing, clapping, playing, moving, experimenting with musical instruments, listening, watching and much more.

Program will be limited to 10 participants (and 10 adult care-providers for the preschool age group).

**WHERE:** Montville Community **FIELD HOUSE**, 130 Change Bridge Road in Montville.

**WHEN:** Wednesdays: January 11, 18, February 1, 8, 15, 22, March 1 & 8 (No: 1/25) - 8 weeks

<u>SESSION</u>	<u>AGES</u>	<u>TIMES</u>
<b>1</b>	Infants to Age 2	9:30am to 10:15am
<b>2</b>	Infants to Age 5	10:30am to 11:15am

**INSTRUCTOR:** Mrs. Larra Millner – certified teacher

**FEE:** \$95.00 per child per 8 (eight) week session. **NOTE:** There will be a \$5.00 processing fee for program refunds!

**PAYABLE TO:** Montville Recreation, 195 Change Bridge Road, Montville 07045

**REGISTRATION PROCEDURE:**

- 1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot

**Checks or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!!**  
**OR Credit Cards for On-Line Registration!**

**Please Note: You will be charged a 3 % convenience fee for credit card use on-line!**

**For On-Line Registration !!!** Go to the town's website at: <http://www.montvillenj.org/RecRegistration>

For additional Recreation Flyers go to: <http://www.montvillenj.org/RecFlyers>

**CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!**

**QUESTIONS ??? Call Recreation: (973) 331-3305 or Visit our Website: [www.montvillenj.org](http://www.montvillenj.org)**

\*\*\*\*\*

## **TINY TUNES - Winter 2017**

CHILD'S NAME \_\_\_\_\_ D/O/B \_\_\_\_\_ AGE \_\_\_\_\_ PHONE # \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

EMAIL (Please print clearly & distinguish b/w letters & numbers!) \_\_\_\_\_

Emergency Name & Number: \_\_\_\_\_

**PLEASE CIRCLE CLASS CHOICE/S:**

**1— Infants to 2 @ 9:30am AND/OR 2— Infants to 5 @ 10:30am**

Please list any special needs that would assist us in providing a successful experience for your child:

\_\_\_\_\_

My child has my permission to participate in this program.  
 I understand that the Recreation Department **DOES NOT** provide accident insurance.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE (11/30):** Fee Paid \_\_\_\_\_ Cash Check Received By \_\_\_\_\_ Date \_\_\_\_\_ **Program # 849**