

# Sign and Read



## Baby Signing Time Classes

**What is it:** Beginning American Sign Language Instruction for parents wishing to use ASL to communicate with their hearing child. Parents will learn how to teach their baby to communicate with ASL through music and play. Topics include mealtime, manners, animals, colors, and potty training. Children are welcome but not required to attend the class.

**Where:** Waverly Community House (After School Room - lower level)

**Cost:** \$65 for the six week session, advance registration by November 6 as space is limited.

**Registration fee includes take home materials and a Story Time DVD**

**Who:** Summit Music Therapy, Cheryl Mozdian, Baby Signing Time Instructor

**When:** Saturday November 7, 14, and 21; December 5, 12, and 19, 2015; 9:30–10:15 am

### ***SIGN AND READ BABY SIGNING CLASSES 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 Sign and Read, Baby Signing Time, 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:** \$ \_\_\_\_\_

CALL THE COMM OFFICE FOR DETAILS! 570-586-8191, ext. 2...Comm website: [www.waverlycomm.org](http://www.waverlycomm.org)