



Montville Recreation Department's  
**DRAWING**  
 Winter 2010



**WHO:** 4 year olds through the 5th Grade  
 \*\*\* 4 year olds **MUST** show birth certificate & **MUST** be toilet trained !!! \*\*\*

**WHAT:** Drawing Classes for PreK through the 5th Grades

**WHERE:** Community Park Sisco/VFW House, 130 Change Bridge Road in Montville

**WHEN:** Different weekdays for 1 hour or 1.5 hours depending upon class choice & age:

#	CLASS	GRADE/S	DAY	TIME	DATES	COST
1	DOODLE BUGS Mini-Intro	Pre-K 4 & 5 <i>Must be 4 yrs. old by start of class</i>	Tuesdays	1:30 to 2:30pm	January 19, 26 & February 2	\$24.00
2	INTRO TO DRAWING	Grades K & 1	Tuesdays	3:30 to 5:00pm	January 19, 26 & February 2	\$36.00
3	DRAWING	Grades 1-5	Wednesdays	3:30 to 5:00pm	January 20, 27 & February 3	\$36.00
4	DRAWING	Grades 1-5	Thursdays	3:30 to 5:00pm	January 21, 28 & February 4	\$36.00

**INSTRUCTOR:** Mrs. Georgianna Moscone

**\* Classes are first come, first served !!! Limit 10 students per class !!! \***  
**\* Waiting lists will be kept of children who DID NOT get in the class and they will be accommodated in the next session offered !!! \***

**COST:** See chart above!!! *NOTE: A \$5.00 processing fee will be charged for program refunds!*

**PAYABLE TO:** Montville Recreation, 195 Change Bridge Road, Montville, NJ 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 2.5% convenience fee for credit card use on-line!*

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

*Click on Municipal Services & then click on Parks & Recreation & then click on On-Line Registration*

**QUESTIONS ??? Call Montville Recreation at: 973-331-3305 OR visit our website at: montvillenj.org**

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**DRAWING - WINTER 2010**

NAME \_\_\_\_\_ D/O/B \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ HOME # \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ CELL # \_\_\_\_\_

EMERGENCY NAME & NUMBER \_\_\_\_\_

EMAIL (Please Print CLEARLY!) \_\_\_\_\_

**CIRCLE SESSION CHOICE(S):**      1            2            3            4

Please list any special needs that your child may have that will assist us in providing a successful experience:

\_\_\_\_\_

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

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE:** Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_ **Program # 904**