

Montville Recreation's

Piano Intro

A Journey into Musical Learning



WHO: Ages 4 to 9

WHAT: All children have amazing potential! The early years are the easiest time for musical learning, as all young children are natural music makers. The benefit of music for the young child is positive, influencing all aspects of his/her physical, emotional, educational and social development. Open the door of music now for you and your child, and you open the door onto a joyful and rewarding journey together. Introduction to the piano group lessons will allow students to have fun with their peers while they explore concepts of rhythm, note reading, posture development and movement as well as first steps in playing the piano.

Program will be limited to 5 participants (child MUST be accompanied by an adult)

WHERE: Montville Community Park VFW/SISCO HOUSE, 130 Change Bridge Rd in Montville

WHEN: Mondays: January 25, February 1, 8, 22 & March 1 (No: 2/15) - 5 weeks

TIMES: 3:25-3:55pm (Age 4) OR 4:00-4:30pm (Ages 5-6) OR 4:35-5:05pm (Ages 7-9)

INSTRUCTOR: Ms. Natalia Prince – Masters Degree from the Juilliard School of Music

FEE: \$60.00 for the 5 week program. * *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 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: www.montvillenj.org

INTRO TO PIANO - WINTER 2010

NAME _____ AGE _____ D/O/B _____ GRADE _____ SCHOOL _____

ADDRESS _____ TOWN _____ PHONE _____

EMERGENCY NAME & NUMBER _____

PLEASE CIRCLE CLASS TIME: 3:25-3:55pm (Age 4) OR 4:00-4:30pm (Ages 5-6) OR 4:35-5:05pm (Ages 7-9)

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 the Recreation Department **DOES NOT** have accident insurance.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE: Fee Paid _____ Cash _____ Check _____ Received By _____ Date _____ **Program # 873**