

## Registration and Lesson Contract Form

Adult student or parent/guardian must complete both sides.

Fall\_\_\_\_ Spring\_\_\_\_ Summer\_\_\_\_ Year\_\_\_\_

### Student Contact Information:

Student's name: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's address \_\_\_\_\_  
Street Address Town State Zip Code

Student's email\* \_\_\_\_\_ Telephone: \_\_\_\_\_ home or cell(circle)

### Parent/Guardian Contact Information: (required if student is under 18 years old)

Parent/Guardian (primary contact) \_\_\_\_\_

Primary(billing) address \_\_\_\_\_  
Street address Town State zip

same as student's

Primary contact email\*: \_\_\_\_\_

Primary contact phone: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Primary place of employment\*: \_\_\_\_\_

\*\*\*\*\*

Parent/Guardian (secondary contact) \_\_\_\_\_

Secondary mailing address \_\_\_\_\_  
Street address Town State zip

same as student's

Secondary contact email\*: \_\_\_\_\_

Secondary contact phone: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Secondary contact place of employment\*: \_\_\_\_\_

*\*Email addresses are for Music School-related messages and contact information for emergencies, lesson cancellation or changes.*

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### Lesson Information:

Please confer with your teacher and fill in the information below before your lessons begin:

Teacher's name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Number of lessons this semester \_\_\_\_\_ Lessons are (circle one) 20 mins 30 mins 45 mins 60 mins

Lessons will take place on \_\_\_\_\_ (day) at \_\_\_\_\_ (time)

**LESSON CONTRACT**

Fall\_\_\_\_ Spring\_\_\_\_ Summer\_\_\_\_ Year\_\_\_\_

**Student Name:**\_\_\_\_\_

**Music School Policies**

**Payments:** I agree to the terms of the option selected below under “payment.” I understand that teachers are under no obligation to teach lessons for which they have not been paid.

**Make-up Lessons:** I have read and agree to abide by the Make-up lesson policy described in the BMC Music School Handbook. (One, and only one, make up lesson per semester.)

**I have read the BMC Music School Student Handbook and agree to abide by the guidelines set forth in it and in this contract.**

Signed:

\_\_\_\_\_  
Parent/guardian/adult student

\_\_\_\_\_  
Date

**Payment**

I am paying the full semester balance **on or before the first lesson.** Thank you!

I am paying at least half of the semester balance now. I agree to pay the remaining balance **by mid-term.**

I am applying for financial aid. The \$16 registration fee **and fee for one lesson are enclosed.** Once I receive the award I will pay at least half of the remaining balance unless an alternative arrangement has been set up with the office.

I request a payment plan. The \$16 registration fee **and fee for one lesson are enclosed.** Please **contact the office to set up a plan: 802.257.4523**

A check/cash is enclosed

Please charge my credit card: (Visa, Mastercard, Discover)

full amount  half the amount ( please charge the second half on Oct 31)

for some other amount: \$\_\_\_\_\_

Card \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on card \_\_\_\_\_ Security code on card: \_\_\_\_\_

Late or missing payments may result in the suspension of lessons.