

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.

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

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.