

“PARENT/GUARDIAN AGREEMENT” FORM

(To be read and signed by the parent/guardian and returned to your Teacher before lessons begin.)

Student’s Name: _____

I have read and I understand the document **entitled “🎵 STUDIO POLICIES - 2011/2012 TEACHING YEAR 🎵”** in which the following Studio Policies were covered in greater detail:

- SESSION REGISTRATION, DATES AND PAYMENT
- \$10 PROCESSING FEE for any cheque returned for any reason
- CASH PAYMENT AGREEMENT
- CANCELLING A LESSON - No refund/credit/rescheduling for cancelled lessons (including vacation, family celebrations, sporting events, sudden illness, school trip, inclement weather, bus cancellation, etc.) unless in the case of special arrangement for an extended absence due to severe illness)
- FORFEITED LESSON
- ARRIVING PREPARED (lesson will be forfeited if lesson material is not brought to the lesson)
- PROMPTNESS AND LATENESS (time lost due to lateness will not be made up)
- FAILURE TO SHOW FOR A LESSON
- TEACHER EMERGENCIES
- TERMINATION OF LESSONS (one month’s notice in writing; if paying by the Cash Payment Agreement, two month’s notice in writing is required)
- COMMUNICATIONS (Newsletters will be emailed to Parents; Parents are responsible for checking for communications sent home in the Student’s Dictation Book)
- PAYING FOR MUSIC BOOKS (Invoices to be paid for within 2 weeks; \$5 late payment fee will be charged for invoices not paid within 30 days)

I agree to abide by the Studio Policies as stated in the “🎵 STUDIO POLICIES - 2011/2012 TEACHING YEAR 🎵” Document.

I also agree to not hold Shelagh McKibbon-U’Ren responsible for any injuries that may occur to student(s), family, or friends at Recitals, on the studio property, in my teacher’s house/studio, and/or (if applicable) at the School where my child takes their lessons.

Parent/Guardian’s Signature: _____

Date: _____

Address: _____

Home/Cell/Work Telephone Numbers: _____

Email address: _____