



MC BREAKDOWN	FOR OFFICE USE ONLY											
	TEACHER:										RATE:	
	DAY/TIME											#:
	M	R	T									
MC TOTAL:	D.E.:		REC:		\$30:	CC:		EMAIL:		S.D.:		
\$	DD/MM/YY		x	✓	x	✓	v	m	x	✓	DD/MM/YY	

**Attendance & Make Up Lesson Policy**

Please Carefully Read The Following Studio Policies Before Signing At The Bottom.

All lessons are conducted in a private studio on a "one to one" basis. A parent or legal guardian may attend their child's lesson at any time without prior notice.

It is the responsibility of the student to arrive on time and be prepared for each lesson.

**Lesson Termination/ Re-Schedule Policy**

If a student wishes to cancel any pre-registered summer lessons, One Week's Email Notice is required, after which, the charge is non-refundable.

If a student wishes to re-schedule any pre-scheduled summer lessons, One Week's Email Notice is required. Any requested changes to the scheduled time after this period is not guaranteed, owed or accrued and cannot be refunded.

**Payment Policy**

To hold and guarantee your lesson times, Summer Lessons are charged in its entirety for the months of July & August at the point of confirmed registration. **\*\*The lesson rate is \$36.00 per 30-minute session\*\***

Payment must be provided in the form of one Post-Dated Cheque (dated immediately), Visa, or MasterCard. **Cheques are payable to Time Music Studios. There will be an amount of \$25.00 billed for any NSF Cheque.**

**Information Policy**

Registration forms will **not** be accepted unless all information and signatures have been completely entered and all cheques have been received.

By listing your email in the client information, you are agreeing to receive confidential email communication from Time Music Studios concerning registration information, policy updates, lesson progress reports and additional studio materials. As per the anti-spam legislation, you may respond with the word "Unsubscribe" at any time.

Time Music Studios **does not keep your Credit Card information on file**. Your written information is shredded upon entering our secure online payment system. Your card cannot be used for anything other than pre-set, recurring lesson payments. Your information is kept confidential and private from any third party.

**Client Information**

Parent(s) | Guardian(s) | Adult Student(s) \_\_\_\_\_  OFFICE USE ONLY  
**\*\* Current Students may verbally confirm the remaining Client Information with Front Desk \*\***

Home # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work|Cell 2 # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_  
By listing your email, you are agreeing to receive confidential email communication from our studio concerning registration information, policy updates, lesson progress reports and additional studio information.

Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Lesson Booking**

Student Full Name **#1** \_\_\_\_\_ Instrument \_\_\_\_\_ Lesson Length (Mins) 30 | 45 | 60 (CIRCLE)

Student Full Name **#2** \_\_\_\_\_ Instrument \_\_\_\_\_ Lesson Length (Mins) 30 | 45 | 60 (CIRCLE)

Student Full Name **#3** \_\_\_\_\_ Instrument \_\_\_\_\_ Lesson Length (Mins) 30 | 45 | 60 (CIRCLE)

Student Full Name **#4** \_\_\_\_\_ Instrument \_\_\_\_\_ Lesson Length (Mins) 30 | 45 | 60 (CIRCLE)

I have read, I understand, and I agree to abide by the aforementioned Studio Policies & Payment Options.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Please insert **STUDENT #** into each desired day, giving **TIME WINDOWS** for scheduling (see example).

### TUESDAYS

	e.g.	July 06	July 13	July 20	July 27	Aug 03	Aug 10	Aug 17	Aug 24
2:00									
2:30									
3:00									
3:30									
4:00									
4:30									
5:00									
5:30									
6:00									
6:30									

### THURSDAYS

	e.g.	July 08	July 15	July 22	July 29	Aug 05	Aug 12	Aug 19	Aug 26
2:00									
2:30									
3:00									
3:30									
4:00									
4:30									
5:00									
5:30									
6:00									
6:30									

#### Payment Options

Post Dated Cheques      
 VISA      
 MasterCard      
 CVC: \_\_\_\_\_  
3 - 4 DIGIT SECURITY CODE  
BACK OF CARD

Card Number:

Expiration:         
 Card Holder Name: \_\_\_\_\_  
MONTH      YEAR      PLEASE PRINT