Studio name

# Enrollment agreement

Student name: _____ Age: _____ Instrument: _____

Parent or guardian (if the student is under 18): _____

Email: _____ Phone: _____

Emergency contact and phone: _____

Allergies or medical notes the teacher should know: _____

Lesson length: ☐ 30 ☐ 45 ☐ 60 minutes Day and time: _____

Tuition: _____ ($amount) per ☐ month ☐ term First lesson: _____

## PHOTO AND VIDEO CONSENT (CHOOSE ONE):

☐ Yes, photos and videos may be shared with my student's first name

☐ Yes, but without my student's name

☐ No photos or videos of my student may be shared

I have read the _____ (Studio name) Studio Policy dated _____ (date) and agree to follow it, including its tuition, cancellation, make-up and notice terms. I understand that tuition reserves a weekly lesson time and is not reduced for lessons my student misses.

Parent or adult student signature: _____ Date: _____

Printed name: _____

Student signature (age _____ (12) and up): _____ Date: _____

Teacher signature: _____ Date: _____

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