



### STATEMENT OF UNDERSTANDING FOR LESSONS

Student: \_\_\_\_\_ School: \_\_\_\_\_

I understand the following policy concerning group lessons for my child(ren), \_\_\_\_\_ and agree to adhere by it.

1. The cost for group lessons is \$11 per session. (\$15 for the Advanced Orchestras )
2. I will be billed and will pay for 10 lessons in a term (\$110). (There is a partial term at the end of the school year and summer lessons available)
3. This fee is due on or before the first lesson in each term.
4. There will be a \$10.00 per month reinstatement fee assessed per account. This fee goes into effect if your payment is 7 or more days late and accrues monthly.
5. There is no compensation for lessons missed by students.
6. Lessons missed by the teacher will be compensated with make-up lessons.
7. There are no refunds for partial or missed terms.
8. I am responsible for all collection costs that arise due to late or non-payment of fees beyond 60 days.
9. I agree to notify the teacher by letter or email before the first lesson of the new term if my child is not going to continue lessons.
10. If I do not notify the teacher in this manner, then I will be billed for and will owe the full fee for the next term.

The parent/guardian gives Suzanne Bode permission to charge the credit/debit card listed below for all lesson fees plus a \$5 processing fee and reinstatement fees on any payment not received by the seventh day after its due date.

The parent/guardian gives Suzanne Bode permission to charge the credit/debit card listed below for all classes and fees plus a \$5 processing fee and reinstatement fees on any payment not received by the seventh day after its due date.

I acknowledge that I agree to these terms: \_\_\_\_\_  
Parent or Guardian

Please circle one: Visa    Master Card    Discover    Three-Digit Code on Back of Card \_\_\_\_\_

Card Number:                  Expiration Date:  /

Today's Date:        

Print clearly name as it appears on card \_\_\_\_\_

Signed as name appears on card: \_\_\_\_\_

Address of Cardholder \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

**We must have valid card information as per your contract even if you plan to pay by check.**

**PLEASE MAKE CHECKS PAYABLE TO MUSICOOOL**