BOSSE SCHOOL OF MUSIC ENROLLMENT POLICY

FOR SAFETY PURPOSES, ALL CONTACT FIELDS ARE REQUIRED

		First Name		Age: DOB			
		REQUIRED Email:					
			Cit	y:	Zip		
Home Telephone Number:		Cell Number:		Instrument(s):			
BSM Instructor/Class: Select Applicable:		Private Lesson _	Ensemble _	Technology Course	Summer Program		
How did you hear about us?		V	Were you referred? If so, please name:				
Private	e Lesson Policy						
•	Private music lessons are booked in a aby cash, check, or charge in-person, viautomatically on monthly due date. time has been reserved especially for y presence. Technology students enrolli If a student cancels, notice must be given to reschedule. Students are entitled to be rescheduled and taken in addition to	a credit card phone p Reminder invoices w you. It is your standin ng in a 9 or 12 week yen to our office via e your makeup lessons	ayment. You may will be emailed befug weekly appoint course will be char email or phone by per year for absen	y also elect to have BSM ore the start of each 4-we ment, and must be paid for arged one time on or before the evening prior to ces w/ proper notice. The	debit your payments ek session. Your lesson or regardless of your re the 1 st visit. by your lesson, in order make-up lesson must		
Ensem	ble/ Music Technology Class/Summer	Program Policy					
•	Ensemble and Summer Program Stude your class. Because of the group nature students.	•					
For All	In the event that a teacher is absent, was usual. If no substitute is available, no There are no refunds on unused/missed Students are not charged when BSM covoicemail and web. Students who become 2 weeks behind The student is welcome to be re-instated Students can avoid removal for past description.	nake-up options will d lessons or classes. loses due to holiday/ in payments for any ed once the balance is	be offered to you inclement weather service may be rest brought current,	at our earliest possibility. r. BSM posts notice of clo moved from the standing but with no guarantee of	osings via outgoing appointment roster. the same day/time.		
	I understand and agree to all of the ab responsible for the pickup, drop off, ar its staff are not responsible for monitor for parents and caretakers to mind/tend I authorize Bosse School of Music to be	nd supervision of chil ring drop-off/pickup I to children for whom	dren before and a logistics. Bosse S m they are respon	fter lessons, and that Boss chool of Music provides a sible.	se School of Music and an ample waiting area		
-	document, and agree to pay in full for completion of payment preference form	services rendered to	myself, or my chil	d. Enrollment is not com	plete without		
Signatu	ıre:		D	ate:			
	000	Middle Cament We		00			

BOSSE SCHOOL OF MUSIC PRIVATE LESSON POLICY (pg 2) CONT.

STUDENT PAYMENT PREFRENCE ELECTION

Student Name Last:	First:	Age: Parent(s)	Name:	
Address:				
Home Telephone Number:	Cell Number:	C	Other:	
*EMAIL REQUIRED, PLEASE PRINT:		Instrume	n/Class:	
Instructor:	(s) Frequency circle of	one: ½ hour weekly	1 hour weekly	Ensemble Other
Payment Options- Check ONE				
Please use the credit/debit card I have p School of Music to debit the agreed up request.				
Please use the credit/debit card I have understand that I will receive my invoice card for 1-time payments with permission	es regularly via email,	and that I can call or	email BSM to au	
Please use the credit/debit card I have p bill outstanding balance for services rend on the lesson schedule without interruption choose to remit payment in cash, check of	dered (over 14 days par on. I understand that I	st due) in order to kee will receive my invoic	ep my guaranteed/ ces regularly via e	preferred time slot
□I prefer not to keep a card on file, and v	will continue to pay my	bill in person month	lly. I understand th	nat by NOT having
a card on file, that my lesson/class spot idue. I will be billed and be responsible for	•	•		· ·
16 digit card number				
Card Type: (Circle one) Visa MasterCard				
Name as it appears on card:				
Address on card	ZipExpir	ation date:	CVV:	
I understand and agree with all of the abov	ve policies that I have se	lected.		
Signature:	D	ate:		