BOSSE SCHOOL OF MUSIC PRIVATE LESSON POLICY

FOR SAFETY PURPOSES, ALL CONTACT FEILDS ARE REQUIRED

Student Last Name: _____ First Name _____Age: ___

Parent(s) Name:_____

Address: _____ City: _____ Zip Code:_____

Home Telephone Number: _____ Cell Number: _____

REQUIRED Email: _____ Instrument(s): _____ BSM Instructor: _____

How Did You Hear About Us? _____ Were you referred? If so, please name: _____

Lesson Policy

- Private lessons are booked in a minimum of four-week increments. Lessons are to be **paid for one week in advance**, by cash, check, or charge at our reception area, or via phone credit payment or directly to the receptionist. **You may also elect to have BSM debit your payments automatically on monthly due date.** Reminder invoices will be emailed home and/or given to each student by the receptionist before the start of each 4-week session.
- Your lesson time has been reserved especially for you, it is your standing weekly appointment, and must be paid for regardless of your presence.
- If a student must cancel, notice must be given by the student the evening prior to your lesson to be eligible to reschedule. Students are entitled to **four** makeup lessons per year for absences with proper notice (9pm night before). The make-up lesson must be **rescheduled** and taken in addition to your regular lesson. It will not replace your standing appointment. In the event that a teacher is absent, we will attempt to get a substitute teacher. In which case, lessons will be conducted as usual. If no substitute is available, a make-up day will be offered to you within that 4-week cycle.
- There are no refunds on unused/missed lessons.
- Students will not be charged when we are closed due to holidays or inclement weather; Bosse School will post notice of closings via outgoing voicemail and web.
- Students who become 2 weeks behind in payment will be removed from the standing appointment roster. The student is welcome to be re-instated once the balance is brought current, but with no guarantee of the same day/time. If removed for non-payment, a $15.00 reinstatement fee will be due.

- I authorize Bosse School of Music to bill me according to my preference selected on page 2 (preference page) of this document, and agree to pay in full for services rendered to myself, or my child. Enrollment is not complete without completion of payment preference form.

- I understand and agree to all of the above policies and am aware that the child will be attending private lessons and or classes at the school. I understand that parents/guardians are responsible for the pickup, drop off, and supervision of their children before and after lessons, and that Bosse School of Music or its staff is not responsible for monitoring drop-off/pickup logistics. Bosse School of Music provides an ample waiting area for parents and caretakers to mind/tend to children for whom they are responsible.

Signature: _____ Date: _____

STUDENT PAYMENT PREFRENCE ELECTION

Student Name Last: _____ First:_____ Age: ___ Parent(s) Name: _____

Address: _____ City: _____ Zip Code:_____

Home Telephone Number: _____ Cell Number: _____ Other: _____

*EMAIL REQUIRED, PLEASE PRINT: _____ Instrument(s): _____

 Instructor: _____(s)   Frequency, circle one: ½ hour weekly   1 hour weekly   other

Payment Options- Check ONE

☐Please use the credit/debit card I have provided below as the primary payment method on my account. I authorize Bosse School of Music to debit the agreed upon tuition amount on its monthly due date. Receipt is auto emailed to you.

☐Please use the credit/debit card I have provided below as the secondary (optional) payment method on my account. I understand that I will receive my invoices regularly via email, and that I can call or email BSM to authorize use of this card for 1-time payments with permission, in addition to still making cash or check payments.

☐Please use the credit/debit card I have provided below **ONLY** as a safeguard for past due balances. I authorize BSM to bill outstanding balance for services rendered (over 14 days past due) in order to keep my guaranteed/preferred time slot on the lesson schedule without interruption. I understand that I will receive my invoices regularly via email, and that I can choose to remit payment in cash, check or authorize payment on this card at any time.

☐I prefer not to keep a card on file, and will continue to pay my bill in person monthly. I understand that by **NOT** having a card on file, that my lesson spot is not guaranteed to remain reserved if my account falls more than 14 days past due. I will be billed and be responsible for paying any outstanding balances for services rendered to me or my child.

16 digit card number _____

Card Type: (Circle one) Visa   MasterCard   American Express   Discover

Name as it appears on card: _____

Address on card _____Zip_____Expiration date: _____   CVC: _____

I understand and agree with all of the above policies that I have selected.

Signature: _____ **Date:** _____