

dolce

MUSIC STUDIO

REGISTRATION AGREEMENT

Student Information

Student's Name _____ Age _____ Level _____

Parent Information

Mom's Name _____ Dad's Name _____

Address _____ City _____ State _____ Zip _____

Mom's Cell _____ Dad's Cell _____ E-mail _____

Fees and Registration

Registration fee: \$25 (one-time fee for continuous enrollment)

Materials: You purchase music and software as it is assigned.

Lesson Format - Private, Overlap, or Little Mozart – 30 min / Group or Two Instruments – 45 min

- | | | | |
|--|--------------|--|--------------|
| <input type="checkbox"/> Group Piano/Guitar/Violin/Drums | \$85 | <input type="checkbox"/> Private Voice | \$100 |
| <input type="checkbox"/> Private Piano/Guitar/Strings/Drums | \$100 | <input type="checkbox"/> Private Brass | \$100 |
| <input type="checkbox"/> Music for Little Mozarts | \$85 | <input type="checkbox"/> Private Woodwinds | \$100 |
| <input type="checkbox"/> Chamber Orchestra (1 Hour) | \$85 | <input type="checkbox"/> Private/Duet Overlap | \$95 |

Music Tutor

The Music Tutor is provided only for group piano students to take home as their practice partner.

A credit card number is required to be on file at Capital Music while using the MT. If lost or damaged, you will be charged up to \$499. _____

Agreement

We are passionate about the success of our students, so it is required that you have the proper instrument and materials associated with the lesson format you have selected above as well as **commit to a minimum of four months of lessons** excluding our Dolce Prelude Camps. Your tuition rate will not increase if lessons continue throughout the year which may include a minimum of two summer camps. Tuition will be collected on the first of each month by an automated ach debit. **Cancellation requires a thirty day written notice.** Semester tuition by check is another payment option. Thank you for allowing the faculty at Dolce Music Studio the privilege of guiding you or your child through this musical journey!

Signature _____ **Date** _____

Scheduling: Circle 3 times below that work for you. _____

Monday	10	11	12	1	2	3	4	5	6	Tuesday	10	11	12	1	2	3	4	5	6
Wednesday	10	11	12	1	2	3	4	5	6	Thursday	10	11	12	1	2	3	4	5	6
Friday	10	11	12	1	2	3	4	5	6	Saturday	10	11	12	1	2	3	4	5	6

How did you hear about Dolce Music Studio? _____

For questions, contact Brenda Bedell, Music Director at (512) 591-7833 or brenda@dolcesmusic.com.

AUTHORIZATION AGREEMENT FOR AUTOMATED ACH DEBITS

I hereby authorize ***Dolce Music Studio LLC***, to initiate debit entries from my account on the 1st day of each month, in the amount of \$_____. If the day your account is to be debited, is on a weekend or federal holiday, my account will be drafted the following business day. Listed below is my account information for the funds to be debited. I understand I must notify you of any changes to my account. (please attach a voided check)

_____CHECKING _____SAVINGS

BANKNAME_____

CITY_____ STATE_____

TRANSIT/ABA # _____ ACCOUNT# _____
(routing number)

This authority is to remain in effect until ***Dolce Music Studio*** has received written notification from me of its termination. A thirty day notice is required for cancellation.

NAME_____
(print please)

SIGNATURE_____

DATE_____