

## Music Lesson Student Agreement

Student's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(Street) (City) (Zip)

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Which form of communication is best to reach you? (Number. 1 = Best)

Call Cell Phone \_\_\_\_ Call Home Phone \_\_\_\_ Text Message \_\_\_\_ Email \_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Cancellations must be made 48 hours in advance to avoid \$10 fee for the rental of the room. Cancellations made less than 24 hours in advance will result in a fee equal to half the cost of the lesson. No-show will result in a fee equal to the cost of the lesson. Please call if you think you may be more than 5 minutes late. Lessons will begin and end at the agreed upon time. If the Teacher cancels a lesson without giving 1-hour advance notice, the Student will receive 1 free lesson equal to that of the missed lesson. No cash refunds will be given for missed lessons. To permanently stop lessons, please call or email the Teacher at least 48 hours prior to the next scheduled lesson.

Payment will be made at the time of the lesson or in advance in the form of cash, check, or money order. Please have the exact amount. Checks may be made out to Rachel Johnson. Gift certificates are available upon request.

To gain the greatest possible benefit from the lesson, certain guidelines are suggested:

- Recommended practice time is a minimum of 10 focused minutes every day
- Vocal students will benefit from recording the lessons with a sound recorder for practice
- Student is responsible to promptly purchase all materials and music as needed for instruction; student must have use of lesson materials at home

Parent understands that the Teacher is not a childcare provider. Parents are welcome to attend the Student's lesson or leave the Student until the scheduled lesson end time. No siblings, friends, or other visitors are allowed within the room.

Failure to follow the terms of this Agreement may result in termination of lessons without refund.

The undersigned acknowledges that he/she has read and understands this Agreement and agrees to follow its terms.

Student Name: (Please Print Clearly) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Legal Guardian Name: (Please Print Clearly) \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Any questions or concerns, please contact Rachel Johnson by email at [Rachel@remj.com](mailto:Rachel@remj.com) or phone at (415) 938-7365 or visit <http://www.remj.com/lessons.htm>**