

dolce

MUSIC STUDIO

REGISTRATION AGREEMENT

Student Information

Student name _____ Age _____ Level _____

Adult student cell _____ Adult student e-mail _____

Address _____ City _____ State _____ Zip _____

Contact Information

Parent name _____ Parent name _____

Parent cell _____ e-mail _____

Fees and Registration

Registration fee: \$35 (one-time fee for continuous enrollment excluding Music Together)

Music Together® payable to dolcesmusic.com/pay

Program Format-check program and **circle specific instrument** requested for weekly lessons

- | | |
|--|-------|
| <input type="checkbox"/> Private Piano/Drums/Guitar/Ukulele/Voice/Violin/Cello/Woodwinds/Brass | \$135 |
| <input type="checkbox"/> Group Piano/Guitar/Ukulele | \$120 |
| <input type="checkbox"/> Student Teacher Program- 3 private with ST and 1 group with MT | \$120 |
| <input type="checkbox"/> Dolce Prelude Camp-4 half hour lessons as 1 month commitment | \$150 |
| <input type="checkbox"/> Music Together® (10 week fall semester) includes registration & PayPal fees | \$345 |
| <input type="checkbox"/> Music Together® (10 week fall semester) for 2 nd child | \$100 |

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 the Dolce Prelude Camp and Music Together®. Your monthly tuition rate will not increase if lessons continue throughout the year which may include selected summer camps in lieu of weekly lessons during June-July. Tuition will be collected on the first of each month by an automated ACH debit. **Cancellation requires a thirty day written notice.** Student photo or video consent for promoting Dolce Music Studio on website or other means: agree or disagree

Signature _____ **Date** _____

Scheduling: Circle times that work for your schedule.

| | | | | | | | | | | | | | | | | | | | | |
|------------|---|----|----|----|---|---|---|---|---|---|--------------|----|----|----|---|---|---|---|---|---|
| Mon | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | Tues | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| Wed | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | Thurs | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| Fri | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | Sat | 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.

Email your completed registration form to Brenda@dolcesmusic.com or schedule an appointment to submit in person.

1221 Leander Rd

www.dolcesmusic.com

Georgetown, Tx

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 my account is to be debited, is on a weekend or federal holiday, it 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 check box to add a one-time registration fee of \$35 to the first payment.

_____ 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 to Brenda@dolcesmusic.com. **A thirty day notice is required for cancellation.**

NAME _____
(print please)

SIGNATURE _____

DATE _____