

~ Muir Clarinet Studio ~

PRIVATE LESSON CONTRACT

INSTRUMENT: Clarinet
TEACHER: Renee Muir
PHONE: (513) 284-5668
EMAIL: renee.langworthy@gbs.edu
WEBSITE: www.reneemuir.com

PURPOSE OF CONTRACT

I teach private lessons not only because I enjoy it, but also as a source of income. The policies incorporated into this contract ensure that I am able to rely on this income.

ATTENDANCE POLICY

If I should need to cancel a lesson for personal reasons, I will contact you within 4 hours of the scheduled lesson time and re-schedule a make-up lesson. Any day that school is not in session (i.e. parent/teacher conferences, holidays, etc.), there will be no lessons.

Without prior notification, each student may be absent **one lesson** without penalty each semester (Fall and Spring). Additionally, if the student is sick¹ or there is a family emergency (i.e. car accident, death in the family, etc.) the lesson can be rescheduled for another time if the calendar permits. However, if the student should miss a lesson for any reason other than previously stated, without 24 hours prior notice, (and has already been absent one lesson that semester), you *will* be charged for that missed lesson. **If you have excessive absences, you may lose your lesson time slot.**

If the student forgets to come to his/her lesson, or fails to bring their instrument, you will still be charged for that lesson. I *may* re-schedule a make-up lesson depending on my schedule.

Tardiness will simply shorten the student's lesson; I have a tight lesson schedule, so please be on time. If a student should arrive more than 15 minutes late, I will cancel the lesson and charge you for that lesson.

PAYMENT POLICY

The cost per lesson is: \$20.00 per 30 minute lesson, \$30.00 per 45 minute lesson, \$40.00 per 60 minute lesson. Payments may be made: a) one payment for the entire semester, b) monthly at the beginning of each month, or c) you may pay per weekly lesson. If you forget to send the money for that week's lesson, you must deliver it by the next lesson

¹ If a student should need to cancel a lesson due to sickness, I must be informed *by the parent* regarding the student's condition.

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or a **\$5.00 late fee** will be applied for each week the payment is late. **If payment is more than 3 weeks late, you may lose your lesson time slot.**

LESSON POLICY

Please remember to send/bring the lesson music book(s) with the student; if a student forgets their books, I will provide supplementary materials for one lesson. If it happens again the following week, you will be charged for the lesson and the lesson will be cancelled.

PRACTICE TIME

No amount of private lessons will benefit a student if he/she does not practice! Please do your part to encourage your child and make it worth his/her time, my time, and your money! (☺)

I expect time-and-a-half practice for each week. For example, if a student is taking 30 minute lessons per week, I expect **AT LEAST** time (30 min.) and a-half (15 min.) of practice time for that week (totaling 45 min.). I encourage my students to practice the same amount of time as their lesson each day.

I may require each student to fill out a practice log each week, with the total amount of practice time initialed by their parent/legal guardian and brought to each lesson.

If a student comes to a lesson without having practiced time-and-a-half of their scheduled lesson time, I reserve the right to cancel the lesson for that week. **If a student should repeatedly show up without having sufficiently practiced, you may lose your lesson time slot.**

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Please fill out and return the information below, keeping the first two pages of this contract for your records.

I have read and agree to the policies of this lesson contract. I plan to pay using the following method:

(Please circle one and check box below)

- a. Per semester - \$20.00 / \$30.00 / \$40.00 X number of weeks per semester, paid the first lesson of the semester.
- b. Per month - \$20.00 / \$30.00 / \$40.00 X number of weeks per month, paid the first lesson of the month.
- c. Per week - \$20.00 / \$30.00 / \$40.00 each lesson.

☐ I understand that there is a \$5.00 late fee each week payment is late (*after* the following lesson).

Parent signature (Student if over 18)

Date

STUDENT INFORMATION

Student Name _____

Age _____ Grade Level _____

Check one: _____ Beginner _____ Taken lessons _____ years

Allergies _____

PARENT CONTACT INFORMATION

Name _____

Phone Number _____

Email _____