GARWOOD WHALEY MUSIC PROGRAM
1816 Duffield Lane
Alexandria, VA 22307-1172
Off.: 703-960-4733
Fax: 703-960-4203
E-Mail: GWMusicProg@aol.com

LESSON AND TUITION AGREEMENT

Dear Parents:

Music educators agree that evaluation of student interest, process and probability of success in learning how to play an instrument, requires a basic period of instruction. Parents agree to enroll the student(s) named below in the **GARWOOD WHALEY MUSIC PROGRAM** for a minimum period of one-half year. During this period of instruction, the teacher will provide a written evaluation to assist parents in determining their child's progress. Termination of lessons can only occur after the minimum period of instruction (one-half a school year) and receipt of a drop notice signed by the parent and music instructor. No refunds will be made for lessons missed before the end of this period.

Tuition is based on the regular school year including all scheduled school and national holidays. This tuition is for all teaching services including a minimum of 27 lessons, rehearsals, programs and school concerts. Upon receipt of this signed agreement and initial payment of tuition, your child will be enrolled. Parents will be billed according to the tuition payment selected.

PAYMENTS ARE DUE:

- Now
- January 15
- November 15
- March 15

METHOD (choose one)	One Student	Family
❑ 4 Payments	$ 107.00	$ 194.00
❑ 2 Payments	$ 214.00	$ 388.00
❑ 1 Payment	$ 428.00	$ 776.00

Amount Paid $ _____

INSTUCTOR _____ PHONE _____

Payment must be included with this agreement, please make checks payable to: **GARWOOD WHALEY MUSIC PROGRAM.**

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT.

Parent Signature _____ Date _____

E-Mail - PRINT _____

There is a $25.00 charge for returned checks. Students will not be permitted to attend class until all due payments and charges are paid.

* PLEASE PRINT ONLY			* PLEASE PRINT ONLY
(last) STUDENT NAME - PRINT (first)	GRADE	INSTRUMENT	(last) PARENTS NAME - PRINT (first)
1st			
2nd			ADDRESS - PRINT
3rd			CITY - PRINT
DATE OF FIRST LESSON / /			STATE ZIP CODE
SCHOOL NAME			HOME/CELL ( ) WORK NUMBER ( )

ACCT. NO. _____ (for office use only)

2019-2020

white-office yellow-teacher pink-parent

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