

Studio Policies

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Initial the following items stating that you have read and agree to the policies and terms.

- Tuition is as follows, per student: 4 payments of \$50 or \$200 for the full semester; per immediate family: 4 payments of \$60 or \$240 for the full semester. I understand that ALL tuition payments are non-refundable. I understand that I will not receive a tuition refund for missed classes or for discontinuing the program. There are 15 lessons per semester.
- If tuition is not paid on the due date please add an additional \$ 15 late fee to your payment.
- Enrollment in the Sound Beginnings program purchases a spot in the semester, which means you are responsible for the payment of the full semester even if you miss lessons, take weeks off, or quit in the middle of the year. If you drop out at any time during the year, you agree to pay the remaining tuition installments. (Exceptions: loss of job, severe illness, moving)
- I understand that if I decide not to participate, my materials fee will not be reimbursed.
- I agree to read the parent emails & materials and attend class in an effort to maximize the benefits of the program.
- I have reviewed the *Class Calendar* and agree to attend class with my student.
- No gum, candy, food or toys allowed in class. Shoes need to be slipped off just inside the front door.
- Siblings and friends may not attend class without express permission from the teacher
- I don't answer the phone right before class or while teaching, so please plan accordingly. The fastest way to get a hold of me is to text me. 801-638-2275
- I work hard to maintain a safe teaching environment, and have never had a problem with accidents. However, the Let's Play Music program does involve physical movement. By registering in the program, you, the parent or legal guardian, accept full financial liability for any accident or injury that could possibly happen to your child, yourself, or any guest accompanying you, while in my home or yard and release Mike and Jessica Allen and all their heirs and connections from all liability.

Child (ren) Names: _____

Signature: _____ **Date:** _____