



**STUDIO NINE SCHOOL OF MUSIC**  
**Student Take Home Policy Sheet 2018-2019 Season**  
 #151-755 Lake Bonavista Dr. S.E. #26- 610 McKenzie Towne Gate  
 Phone (403) 271-2066 Phone (587) 353-2066  
[www.calgarymusiclessons.ca](http://www.calgarymusiclessons.ca)  
CLIENT COPY

**FEES :**

Registration Fee: A yearly registration fee of **\$25.00** per family will be charged at the time of registration.  
 Payment: **Post-dated cheques** dated the first of the month **Or Credit Card Authorization** is required.  
 Service Charges: \$20.00 charge for N.S.F. cheques will be strictly enforced.

**LESSON CALENDAR** Lessons start Tuesday, September 4th, 2018 for the 2018/2019 season.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	NO LESSONS ON THE DATES BELOW
Sept	3	4	4	4	4	4	4	Labour Day – Monday, Sept 3
Oct	4	5	5	4	4	4	4	Thanksgiving – Monday, Oct 8
Nov	4	4	4	5	5	4	3	Remembrance Day- Sunday, Nov 11
Dec	3	3	3	3	3	3	3	Christmas Break - Dec 21 to Jan 6
Jan	4	4	4	4	3	3	3	Lessons resume - Monday, January 7
Feb	3	4	4	4	4	4	4	Family Day - Monday, February 18
Mar	4	4	4	4	5	5	5	Good Friday - Friday, Apr 19
Apr	5	5	4	4	3	4	4	Victoria day -Monday May 20
May	3	4	5	5	5	4	4	Last Teaching Day- Thursday, June 28
June	4	4	4	4	4	4	4	
	<b>37</b>	<b>41</b>	<b>41</b>	<b>41</b>	<b>40</b>	<b>39</b>	<b>38</b>	

Lesson day and time \_\_\_\_\_ Teacher \_\_\_\_\_

Lesson day and time \_\_\_\_\_ Teacher \_\_\_\_\_

**\* IT IS IMPORTANT TO READ AND UNDERSTAND THE FOLLOWING. \***

**ATTENDANCE:**

**No credit** is provided for student absences (**including vacation or illness**) or **lateness**. Although the school does appreciate being notified of students absences, **we do not provide refunds or make-up lessons**. Occasionally teacher absences cannot be avoided. In these instances, a qualified substitute teacher is provided or a make-up lesson is scheduled.

**DISCONTINUING:**

Lessons are scheduled until June 28th 2019. To discontinue lessons prior to the end of June 28th 2019, **30 days written notice is required** and lessons must be paid up to the end of that time.

**ACCOUNTS:**

We allow teaching supplies to be charged to your account. Statements will not be issued unless a balance is owing for **two months**. After 30 days, **interest will be charged** on the full balance owed, at the rate of 2% per month with a minimum charge of \$1.50 per month.

**Photo Release:**

Studio Nine School of Music is hereby granted permission to take photographs of students to use on brochures, websites, poster advertisements and other promotional materials the school creates to promote its music lesson programs. Permission is also hereby granted for Studio Nine School of Music to copyright such photographs in its name. Studio Nine School of Music will follow the guidelines outlined in the Alberta Freedom of Information and Protection Act.

**STUDIO NINE SCHOOL OF MUSIC**  
REGISTRATION FORM 2018/2019

1. Student's Name \_\_\_\_\_ Age \_\_\_\_ Birthday M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

Instrument: \_\_\_\_\_ Private Lesson \_\_\_\_ or Group Class \_\_\_\_ Previous Experience: \_\_\_\_\_mos/yrs

2. Student's Name \_\_\_\_\_ Age \_\_\_\_ Birthday M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

Instrument: \_\_\_\_\_ Private Lesson \_\_\_\_ or Group Class \_\_\_\_ Previous Experience: \_\_\_\_\_mos/yrs

**Contact Information:**

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Numbers:

Cell (Mom) \_\_\_\_\_ Cell (Dad) \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_ (Used for confirmation of lessons/newsletter)

Is there anything special that we should know about your child (medical conditions etc.)?

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Referral: Family Name \_\_\_\_\_

**I have read and understood Studio Nine's policies and agree to be responsible for the payment of lessons and any other miscellaneous account charges as outlined.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b><u>For Office Use Only</u></b>			
1. Teacher's Name _____	Lesson Day & Time _____	Location: Bon	McK
2. Teacher's Name _____	Lesson Day & Time _____	Location: Bon	McK
CC Info received _____	OR Post-dated Chqs. _____	Registration paid _____	Date: _____
Entered into JR _____	Emailed Instructor _____	Start Date _____	Admin initials _____ Managers Initials _____



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## Policy Sheet 2018- 2019 Season

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Service Charges: \$20.00 charge for N.S.F. cheques will be strictly enforced.

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Mon	Tue	Wed	Thu	Fri	Sat	Sun	NO LESSONS ON THE DATES BELOW
Sept	3	4	4	4	4	4	4 Labour Day – Monday, Sept 3
Oct	4	5	5	4	4	4	4 Thanksgiving – Monday, Oct 8
Nov	4	4	4	5	5	4	3 Remembrance Day- Sunday, Nov 11
Dec	3	3	3	3	3	3	3 Christmas Break - Dec 21 to Jan 6
Jan	4	4	4	4	3	3	3 Lessons resume - Monday, Jan 7
Feb	3	4	4	4	4	4	4 Family Day - Monday, Feb 18
Mar	4	4	4	4	5	5	5 Good Friday - Friday, Apr 19
Apr	5	5	4	4	3	4	4 Victoria day -Monday May 20
May	3	4	5	5	5	4	4 Last Teaching Day- June 28
June	4	4	4	4	4	4	
	<b>37</b>	<b>41</b>	<b>41</b>	<b>41</b>	<b>40</b>	<b>39</b>	<b>38</b>

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### ATTENDANCE:

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**I have read and understand Studio Nine’s policies and agree to be responsible for the payment of lessons and any other miscellaneous account charges as outlined.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



Inspire Educate Motivate

**PRE-AUTHORIZATION FORM FOR  
CREDIT CARD PAYMENT**

**ATTENDANCE:** According to the signed policy at time of registration, **no credit** is provided for student absences (**including vacation or illness**) or lateness. Although the school does appreciate being notified of students absences, we **do not provide refunds or make up lessons**. Occasionally teacher absences cannot be avoided. In these instances, a qualified substitute teacher is provided or a make up lesson is scheduled.

**DISCONTINUING:** To discontinue lessons, **30 Days written** notice is required and lessons must be paid to the end of that period.

**I have read and understood Studio Nine's policies and agree to be responsible for the payment of lessons and the terms indicated above. I hereby authorize Studio Nine School of Music to post charges directly to my credit card on a monthly basis and as such I authorize and accept the charges for music lessons.**

Student Name: \_\_\_\_\_

Name as it appears on Card: \_\_ Mr. \_\_ Mrs. \_\_ Miss \_\_\_\_\_

Card: MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

**(credit card number not required on this form)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Lake Bonavista**  
755 Lake Bonavista Dr. S.E.  
**403-271-2066**

**McKenzie Towne**  
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