

Letter of Agreement

Piano Studio of Dianne Davies
Read, sign, date & return

____ We agree to make **practice a priority** and to bring weekly assignments to each lesson.

____ We agree to make **studio performances a priority**.

____ We agree to **9 equal monthly payments** to be paid at the 1st lesson of the month and prior to the 10th of the month. After the 10th there is a **\$25 late fee**.

____ We agree to honor our lesson time and understand the **No makeup lessons, refunds or credits policy**. Options: Swap a lesson or have a **Zoom**, Skype or Face Time lesson.

____ We understand that it is our responsibility to reschedule for an upcoming conflict using the **SWAP LIST** a week or two in advance.

Please initial next to the following:

- We give Dianne Davies **permission to use photos or video** of our student(s) on Facebook or her website for advertising.
If yes, initial here _____
- We give Dianne Davies **permission to call 911** on behalf of our student(s) in case of an emergency.
If yes, initial here _____

Sign, date and Return

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____