

Erika Andres Flute Studio Student Contract

Student Name _____

School _____ Grade _____

Guardian Name(s) _____

Guardian Email _____

Student Email _____

Home Phone # _____ Cell Phone # _____

Student Phone # _____ Student birthday (optional) _____

Mailing Address _____

Previous Musical Experience _____

How did you hear about my studio? _____

(Check one) Lesson Length: 30 min 45 min 1 hr Location: my home online

Payment: per month per semester Lesson Frequency: Weekly Other _____

Tuition \$ _____ per 4 week month or \$ _____ per 5 week month due within the first week of the month. \$ _____ per semester due within the first week of a semester of lessons (for a 10% discount).

(Check one) I DO / DO NOT give permission for photos or videos taken during flute activities for myself/ my child to be posted on my website.

I understand the risks of meeting in-person due to COVID-19 and acknowledge that Erika Skye Andres is not responsible for any possible illness resulting from in-person lessons if they are chosen over virtual lessons.

Please sign below to acknowledge that you have read all studio policies and agree to all terms and conditions.

Guardian Print Name

Guardian Signature

Date

Student Print Name

Student Signature

Date