

....From the Studio of Dr. Amanda R. Morrison....

498 Haverhill Rd. Pittsburgh, PA 15228; 412-651-7872; carsonmandy@yahoo.com

Dear Parent and Student,

The school year is rapidly coming to a close, and it is time to look ahead to the summer. I am very excited to pass on the accompanying packet of studio information to you. Please review all of the materials and contact me by any of the means above concerning any questions you may have.

The packet should contain the following items:

1. Payment Policy (Blue)
2. Responsibilities (Red)
3. Summer Term Outline (Calendar)
4. Student/Parent/Instructor Contract and Information Form (Black)

In reviewing the packet, please note several policies concerning lesson attendance and lesson payment. If there are any questions pertaining to the following information, please contact me at your earliest convenience. Otherwise, I look forward to working with you during the "Summer Term" and sharing the gift of music.

Sincerely,

Amanda R. Morrison

Payment Policy

The Studio of Dr. Amanda R. Morrison follows a Term based schedule. There are two terms including the "School Year Term" from September - June, as well as a shorter "Summer Term" from June - August. During the "Summer Term" there are 9 scheduled lessons. You can either opt to pay in full on the first lesson of the term or "budget" the payments over three months. Each budgeted payment is due on the first lesson of each month.

The tuition rates for the School Year Term are broken down as follows:

1/2 hour lessons = \$270 paid in full or 3 "budget" payments of \$90 @ \$30/lesson located on the "Summer Term Outline"

1 hour lesson = \$495 paid in full or 3 "budget" payments of \$165 @ \$55/lesson located on the "Summer Term Outline"

Cancellations can only be rescheduled and will not be refunded or credited. Refunds will only be issued due to the instructor's absence. Lessons cancelled directly to Dr. Morrison at least 24 hours in advance will be given consideration for a make-up lesson. Make-up lessons will be given at the instructor's discretion as either an individualized lesson or group masterclass.

Separate charges may include recital fees/accompanist fees/extra lesson fees. If you have any questions or concerns, please contact me at 412-651-7872 or carsonmandy@yahoo.com at your earliest convenience. If you start lessons after the term is in progress, a personalized tuition program will be developed.

Responsibilities

The Studio of Dr. Amanda R. Morrison

Parental Responsibilities:

1. Have the student to the lesson at his/her scheduled time.
2. Make payments in regular and timely installments. Payments may be paid in full on the first lesson of the term or "budgeted" over monthly payments due at the first lesson of each month (see Payment Policy and School Year Term Outline).
3. Provide necessary materials:
 - a) Playable instrument in good repair
 - b) Music - technique/method/etude/solo books
 - c) Accessories (metronome, music stand, etc.)
4. Create an encouraging practice environment
5. Give advance notice of lesson time conflicts (will determine make-up lesson at teacher's discretion)

Student Responsibilities:

1. Sufficiently prepare for each lesson through the appropriate amount of practice (30 min/day for beginners, 45 min/day for intermediate, 1 hour+/day for advanced)
2. Bring all materials to each lesson
3. Treat your instrument with care and respect
4. Maintain positive attitude

Teacher Responsibilities:

1. Utilize the best materials and teaching methods to encompass all areas of the clarinet
2. Provide weekly lessons or group masterclasses (if needed)
3. Expose the student to the various components of musicianship
4. Promote participation in contests, festivals, ensembles, recitals, and summer study
5. Prepare the student for auditions and competitions
6. Publicize concerts and recitals/masterclasses related to the clarinet
7. Maintain a positive attitude
8. Develop individualized curriculums for each student

Summer Term Outline

(Schedule of Lessons)

JUNE **Tues. – 13, 20, 27**
Wed. – 14, 21, 28
Thur. – 15, 22, 29

JULY **Tues. – 11, 18**
Wed. – 5, 12, 19
Thur. – 6, 13, 20

AUGUST **Tues. – 1, 8, 15, 22**
Wed. – 2, 9, 16
Thur. – 3, 10, 17

Student/Parent/Instructor Contract

The Studio of Dr. Amanda R. Morrison

We the undersigned agree to the following:

1. I have read and understand all of the information on the Responsibilities Form enclosed in this packet, and I will do my best to meet those standards.
2. The following attendance policy will be followed:
 - *I will be on time for all lessons.
 - *We, the student and the parent, will only expect consideration for any cancellation given with at least 24 hours notice.
 - *Refunds will only be issued due to the instructor's absence.
3. I have read and understand the Tuition Policy, and will make all payments on time.

If for some reason, a student is unsatisfied and decides to stop taking lessons in the middle of a payment period, a refund will be issued for overpaid lessons.

_____	_____
Date	Instructor
_____	_____
Student	Parent

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All Students

Please review, complete, and return this form no later than **May 15, 2017**. Lessons occur on Tuesdays, Wednesdays, and Thursdays. Times are given on a first come, first served basis. Please choose 3 specific days/times for your lesson. Also provide a block of time that you will be available for lessons in case of scheduling conflicts.

Example: Thursday 7pm (available 5pm-8pm)

Lessons are available: Tuesday, Wednesday and Thursday 4 - 9pm

Length of Lesson (circle) 30 minutes 60 minutes

Preferred Times of Lessons

- 1) _____
- 2) _____
- 3) _____

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All Students

Lesson Conflict Notification

Due to the increase in leisure activity in the summer, I anticipate there being vacation and special event conflicts with the scheduled lesson dates. Please indicate the lesson dates which you will be UNABLE to attend. Only these fees will be deducted from your overall lesson payment and an individualized payment plan will be developed for you. ***As the term is in progress, cancellations can only be rescheduled and will not be refunded or credited.*** Again, please indicate the lesson dates which you will be UNABLE to attend in the space below.

_____	_____
_____	_____
_____	_____

STUDENT INFORMATION

Summer 2017

Parent(s)/Guardian:

Phone Number:

Email Address:

Preferred Contact Method (Phone, Email, Text):

Mailing Address:

Student School District:

Student School/Band Director:

Student Grade Level (just completed):