

***.....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 summer is rapidly coming to a close, and it is time to look ahead to the upcoming school year. 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. School Year Term Outline (Calendar)
4. Student/Parent/Instructor Contract and Information Forms (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 "School Year 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 - May, as well as a shorter "Summer Term" from June - August. During the "School Year Term" there are 33 scheduled lessons. Lesson fees are: \$30/30 minutes and \$55/60 minutes. You can either opt to pay in full on the first lesson of the term or "budget" the payments over nine months. If you begin lessons while the term is in progress, a personalized payment plan will be created for you. 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 = \$990 paid in full or 9 "budget" payments of \$110 @ \$30/lesson located on the "School Year Term Outline"

1 hour lesson = \$1815 paid in full or 9 "budget" payments of \$202 @ \$55/lesson located on the "School Year Term Outline"

Cancellations are handled at the instructor's discretion. 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 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](mailto:carsonmandy@yahoo.com) at your earliest convenience. As previously stated, if you start lessons after the term is in progress, a personalized tuition program will be developed for you.

# **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.)
  - d) Three-Ring Binder with pockets and blank paper for assignments
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

# **School Year Term Outline**

**(Schedule of Lessons)**

**SEPTEMBER**    Tue. – 4, 11, 18, 25  
                      Wed. – 5, 12, 19, 26  
                      Thur. – 6, 13, 20, 27

**OCTOBER**      Tue. – 2, 9, 16, 30  
                      Wed. – 3, 10, 17, 24  
                      Thur. – 4, 11, 18

**NOVEMBER**    Tue. – 6, 13, 20, 27  
                      Wed. – 7, 14, 21, 28  
                      Thur. – 1, 8, 15, 29

**DECEMBER**    Tue. – 4, 11  
                      Wed. – 5, 12  
                      Thur. – 6, 13

**JANUARY**      Tue. – 8, 15, 22, 29  
                      Wed. – 9, 16, 23, 30  
                      Thur. – 10, 17, 24, 31

**FEBRUARY**    Tue. – 5, 12, 19, 26  
                      Wed. – 6, 13, 20, 27  
                      Thur. – 7, 14, 21, 28

**MARCH**        Tue. – 12, 19, 26  
                      Wed. – 6, 13, 20  
                      Thur. – 7, 14, 21, 28

**APRIL**         Tue. – 2, 9, 16, 30  
                      Wed. – 3, 10, 24  
                      Thur. – 4, 11, 25

**MAY**            Tue. – 7, 14, 21, 28  
                      Wed. – 1, 8, 15, 22, 29  
                      Thur. – 2, 9, 16, 23, 30

# 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

---

### ALL STUDENTS

Please review, complete, and return this form no later than **August 13, 2018**. Lessons occur on Tuesday, Wednesday, and Thursday. Times are given on a first come, first served basis. Please choose 3 specific times for your lesson. Also provide a block of time that you will be available for lessons in case of scheduling conflicts.  
**Example:** Wednesday 7pm (available 5pm-8pm)

Lessons are available:    Tuesday    4 - 9pm  
   Wednesday    4 - 9pm  
   Thursday    4 - 9pm  
**Length of Lesson** (circle)    30 minutes    60 minutes

#### Preferred Times of Lessons

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

# **STUDENT INFORMATION**

## **Fall 2018-2019**

**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 (Entering this Fall):**