

Return this form with your Registration / Materials fee by July 1st to ensure your place at C-W

Clavier-Werke School of Music

Enrollment Contract

This is to enroll _____ in the Clavier-Werke Music Program until the summer requirement is fulfilled in 2011. This document, when complete and signed in duplicate, constitutes a binding contract.

I am enrolling my child for the aforementioned time period.

I understand the first payment will be due August 1st with a grace period until the 15th.

After that I will pay tuition by the 1st of the month September through June.

If I wish to withdraw my child from the Clavier-Werke Music Program, I will give 30 days prior written notice of termination.

I understand full payment for the 30 day termination period is required.

I understand the Clavier-Werke Music Program's expectations for summer study. I will enroll my child in a Clavier-Werke Summer Studies Program or give a 30 day notice by May 1st, 2011 and forfeit my spot in the teacher's Fall 2011 schedule.

I have read the Clavier-Werke Music Program Statement of Policy. I agree to help and encourage my child to meet the expectations of the Clavier-Werke Music Program.

Susan Allen, Director date
Clavier-Werke School of Music South, LLC
5900 West Slaughter Lane D-525
Austin, TX 78749 (512) 288-7664

Parent signature date

-----Please fill out the reverse side of this form-----



Please indicate instrument:

Piano _____ Voice _____ Guitar _____ Cello _____
Violin _____ Viola _____ Drums _____



Please indicate weekly lesson length: (check one)

30 minutes _____ 60 minutes _____
45 minutes _____ 90 minutes _____



Lesson Time Preferences:

- 1. _____
- 2. _____
- 3. _____



2011 Summer Preferences (summer is included in your contract):

_____ 4 lessons _____ 6 lessons _____ 8 lessons or more
_____ Opt out (and lose your spot) - If you decide to opt out of the summer you must give a 30 day notice by May 1st, 2011 and you will forfeit your spot in your teacher's schedule for the Fall semester.



Student Information:

DOB: ____/____/____ Grade: _____ School: _____



Other Information:

Student's Address _____
City _____ State _____ Zip _____
Father: _____ Email _____
Phone Numbers: Home _____ Work _____ Cell _____
Mother: _____ Email _____
Phone Numbers: Home _____ Work _____ Cell _____
Preferred Method of Contact: _____
Billing Method: Regular mail _____ Send via email _____
Or Send to the following: Address _____
City _____ State _____ Zip _____