



**GARWOOD WHALEY MUSIC PROGRAM**  
1039 North Daniel Street  
Arlington, VA 22201  
Off: 703-960-4733  
E-Mail: GWMusicProg@aol.com

## LESSON AND TUITION AGREEMENT

Dear Parents:

Music educators agree that evaluation of student interest, process and probability of success in learning how to play an instrument, requires a basic period of instruction. Parents agree to enroll the student(s) named below in the **GARWOOD WHALEY MUSIC PROGRAM** for a minimum period of one-half year. During this period of instruction, the teacher will provide a written evaluation to assist parents in determining their child's progress. Termination of lessons can only occur after the minimum period of instruction (one-half a school year). No Refunds will be made for lessons missed before the end of this period.

Tuition is based on the regular school year including all scheduled school lessons, national holidays, and/or all Zoom classes included. This tuition is for all teaching services including a minimum of 27 lessons. Only When Safe: This will be determined by the School Principal and the Band Director-we will resume Full rehearsals, School and Parents Concerts, Honor Band and Diocesan Band Festival. Upon receipt of this signed agreement and initial payment of tuition, your child will be enrolled. Parents will be billed according to the tuition payment selected. If your student discontinues lessons, please notify the office immediately at the email above.

### PAYMENTS ARE DUE:

- Now                      • January 15
- November 15        • March 15

METHOD (choose one)	One Student	Family
<input type="checkbox"/> 4 Payments	\$ 113.00	\$ 202.00
<input type="checkbox"/> 2 Payments	\$ 226.00	\$ 404.00
<input type="checkbox"/> 1 Payment	\$ 452.00	\$ 808.00

Amount Paid \$ \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

PHONE \_\_\_\_\_

Payment must be included with this agreement, please make checks payable to: **GARWOOD WHALEY MUSIC PROGRAM.**

**I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

E-Mail - PRINT \_\_\_\_\_

**There is a \$25.00 charge for returned checks. Students will not be permitted to attend class until all due payments and charges are paid.**

* PLEASE PRINT ONLY				* PLEASE PRINT ONLY			
(last)	STUDENT NAME - PRINT	(first)	GRADE	INSTRUMENT	(last)	PARENTS NAME - PRINT	(first)
1st					ADDRESS - PRINT		
2nd					CITY - PRINT		
3rd					STATE		
DATE OF FIRST LESSON / /				ZIP CODE			
SCHOOL NAME				HOME/CELL ( )		WORK NUMBER ( )	

ACCT. NO. \_\_\_\_\_  
(for office use only)