



1041 Bonaventure Drive

Elk Grove Village, IL 60007  
Phone (847) 805-1800 Fax (847) 805-1900  
www.MusicEdServices.org

### STUDENT LESSON AGREEMENT

This agreement will entitle the below named student to music lessons for the balance of the **2018-2019** school year. **Student tuition is \$320.00; second (or more) students from the same family are 1/2 price. Tuition will be billed in 5 monthly installments of \$64.00.** Accounts not paid in full by the due date will be subject to a finance charge of \$3.00.

Lessons will be held on days and times when school is in session. MES will not be responsible for lessons canceled by the school due to school activities. **There is no partial or prorated billing.**

This agreement may be cancelled by either party with a written notice of intent to cancel. In absence of written notice this agreement will remain in force and fees will continue to accrue.

**Additional fees may be charged throughout the school year to cover miscellaneous supplies and events.**

If tuition is not paid in a timely manner, your student may be excluded from lessons until the outstanding balance is paid. While the student is not in lessons any rental fees for instruments will still accrue. A \$30.00 service fee will be charged on all returned checks.

Student _____	Grade _____
School/City _____	Instrument _____ Level _____
Parents Names _____	
Address _____	
City _____	State _____ ZIP _____
Phone 1) _____	2) _____
<input type="checkbox"/> Home <input type="checkbox"/> Dad Cell <input type="checkbox"/> Mom Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Dad Cell <input type="checkbox"/> Mom Cell <input type="checkbox"/> Work
E-mail 1) _____	2) _____
<input type="checkbox"/> Dad <input type="checkbox"/> Mom	<input type="checkbox"/> Dad <input type="checkbox"/> Mom

Payment must be made when this form is returned	
<input type="checkbox"/> Check attached: Amount _____	<input type="checkbox"/> Cash attached: Amount _____
<input type="checkbox"/> Charge my credit card	<input type="checkbox"/> First Month Only
	<input type="checkbox"/> Balance of Year (\$320.00)
<input type="checkbox"/> Automatic Monthly Credit Card (1 <sup>st</sup> payment upon receipt, then monthly)	
Provide credit card information below:	
Credit Card Number _____	Exp. Date _____ CVV# _____
<small>3 digits on back (AMEX 4 digits on front)</small>	

Sometimes we take photographs or videos of children when they are involved in the activities of Music Education Services. We may use those images to promote the work of the organization in the media and on our website. We will never include your child's name. If you do not approve of us using your child's image, please initial here: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_