## ZOE SCHLUSSEL MUSIC

VIOLIN. FIDDLE. MUSICIAN HEALTH. www.zoeschlussel.com zoeschlusselmusic@gmail.com (530) 401-8991

## Studio Information & Lesson Agreement

COMMUNICATION I am always a message away. Please contact me if you ever have any questions between lessons. I never want you to be confused or lacking resources and feel you have to wait until the next lesson. I commit to communicating whatever I feel will best help you. Please do the same for me. Keep me updated with your progress at home and come to me with any questions or concerns.

SCHEDULING If I need to cancel a lesson, I will find a time to make it up or not charge you for that day by crediting your account for the next month. *Holidays*: I teach weekly, regardless of holidays and breaks. If lessons fall on a major holiday, I will contact you to find another suitable time that week.

CANCELLATION POLICY I have a 24-hour cancellation policy. If a lesson is canceled with less than 24 hours notice, you will still be responsible for payment for that lesson. If we schedule a make-up lesson, you will have to pay for that additional lesson.

PAYMENT I accept lesson payments by cash or check (preferred), Venmo, Zelle, or PayPal (listed as a personal expense). Payments are due at the beginning of the month.

LESSON MATERIALS *Notebook*: I recommend bringing a notebook or taking notes in your phone. *Recording*: you may do audio or video recordings during lessons to help you with the concepts at home (these recordings are for your use only and should not be shared or published in any way without my express permission).

## By signing below you agree to the following:

Please initial:	
I have received a copy of this document.	
I have read this document in full.	
I agree with all stated information and policies.	
I understand that lesson payments are due in full on the 1st of each	ch month.
I understand and will adhere to the Cancellation Policy whereby canceled or rescheduled with less than 24-hours notice.	I am responsible for full payment of lessons
Student Name (print):	-
Student Signature:	Date: