

2300 E Lincoln  
 Wichita, KS 67211  
 (316) 262-1487 or 800-362-1060  
[www.senseneymusic.com](http://www.senseneymusic.com)



Business Hours:  
 Mon – Thu 9:30am - 6:30pm  
 Fri – Sat 9:30am - 5:30pm  
[education@senseneymusic.com](mailto:education@senseneymusic.com)

## ***Lessons and Tuition Agreement***

- **Registration Fee**

A **\$30.00 one-time** registration fee is charged for each family.  
 This **non-refundable fee** is due prior to the first session.

- **Tuition - 30 Minute Weekly Lesson (Paid monthly in advance)**

**\$91.00 Per Month** paid using Senseney Music Easy Pay Plan from a credit or debit card.

- **Payment**

Registration and Tuition fees are to be paid before the first lesson is given.

Each succeeding month's automatic payment **will be processed on the first business day of the month.**

All lesson accounts over 40 days are subject to an annual finance charge of 18% (1.5% monthly).

\*\*\*If you have any questions about your account please call the Music Education Department\*\*\*

- **Absence Policy**

Tuition is paid to reserve a guaranteed space and teacher for a specific time each week. Therefore, each lesson time must be paid regardless of the attendance of the student. *Refunds or credits will not be given for lessons missed or canceled by the student.* Make-ups will be provided if the teacher and studio space are available. The teacher's time and space will be reserved and therefore charged until the department coordinator receives a **two week written notice of withdrawal from lessons.** In the event that a teacher misses a lesson a qualified substitute or makeup will be provided. If one is not provided a credit will be given.

**I have read and agree to the above policies.**

**By signing I also give permission for Senseney Music to take pictures and use for promotional purposes.**

(Please sign below)

### **Signature**

### **Date**

### **Acct#**

#### ***BILLING INFORMATION***

Customer Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

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

Lesson Time Preferred: \_\_\_\_\_

Start Date Preferred: \_\_\_\_\_

#### ***STUDENT INFORMATION***

Student Name \_\_\_\_\_

School Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Instrument / Voice \_\_\_\_\_

How long have you played? \_\_\_\_\_

Additional Information:

*Office Use Only*

TEACHER NAME: \_\_\_\_\_

OFFICE: Auto Pay Type \_\_\_\_\_

REGISTRATION FEE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

TUITION FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

TOTAL: \_\_\_\_\_

|    |   |    |    |    |     |    |    |    |    |
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