



Student Enrollment Agreement

STUDENTS ENROLLING AT THE INSTITUTE ARE REQUIRED TO COMMIT TO ATTENDING CLASSES EVERY WEEK.

EXCEPTIONS WILL BE ALLOWED FOR ILLNESS OR LEGITIMATE EMERGENCIES – IN SUCH CASES MAKE-UP LESSONS WILL BE SCHEDULED DURING THE WEEK OR LATER IN THE MONTH AT THE INSTRUCTOR'S DISCRETION.

IN THE CASE WHERE A STUDENT FAILS TO SHOW FOR A MAKE-UP LESSON AND/OR A LESSON SCHEDULED FOR ANY TIME WITHOUT 24 HOURS NOTICE THAT LESSON SHALL BE CHARGED TO THE STUDENTS ACCOUNT AND NO REFUND OR CREDIT SHALL BE GIVEN.

THE INSTITUTE REQUIRES THAT ALL PAYMENTS BE MADE BY CREDIT OR DEBIT CARD. IN SUCH CASES WHERE CASH OR CHECK IS THE PREFERRED METHOD OF PAYMENT A CREDIT OR DEBIT CARD MUST BE REGISTERED WITH THE INSTITUTE AS A GUARANTEE OF PAYMENT.

ENROLLMENT SHALL AUTOMATICALLY RENEW FROM MONTH TO MONTH. ALL STUDENT FEES MUST BE REMITTED BY THE 1ST OF EVERY MONTH.

*****THIRTY [30] DAYS WRITTEN NOTICE MUST BE GIVEN PRIOR TO THE SUBSEQUENT MONTH FOR CANCELLATION OF STUDENT'S ENROLLMENT. FAILURE TO DO SO SHALL RESULT IN THE STUDENT OR GUARANTOR BEING CHARGED FOR THE SUBSEQUENT MONTH'S LESSONS. A \$25 LATE FEE SHALL BE LEVIED FOR ALL LATE PAYMENTS MADE PAST THE 7TH DAY OF EACH MONTH. TWO LESSONS MAY RUN CONCURRENTLY IN SEPARATE ROOMS.*****

I [PRINT NAME] _____ HAVE READ AND FULLY UNDERSTOOD THE ABOVE AGREEMENT AND I AUTHORIZE THE BERMUDA MUSIC INSTITUTE LTD. TO DEBIT MY CREDIT/DEBIT CARD FOR MONTHLY STUDENT FEES ON THE FIRST DAY OF EVERY MONTH.

SIGNED: _____ DATE: _____ EMAIL: _____

CREDIT/DEBIT CARD NO. : _____ CODE _____ EXP. _____

STUDENT NAME: _____ AGE: _____

TEL. HOME: _____ WORK: _____ CELL: _____

ADDRESS: _____

LESSON DAY: _____ LESSON TIME: _____ INSTRUCTOR: _____

MONTHLY LESSON FEES: \$340 [HR] OR \$230 [1/2 HR]

REGISTRATION FEE: \$140

IN THE CASE WHERE THERE ARE FIVE [5] LESSON DAYS IN A MONTH THE LESSON FEES WILL BE \$425 [HR] OR \$287.50 [1/2 HR]

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