

INDIVIDUAL LESSONS FOR SUMMER 2024

Student Name: _____ Teacher: _____

Indicate number of lessons.

20 minute lessons: _____ x \$42.00/each

30 minute lessons: _____ x \$64.00/each

45 minute lessons: _____ x \$92.00/each

60 minute lessons: _____ x \$121.00/each

Check enclosed (preferred if possible)

Please invoice my account so I can use
 a credit card (we incur a fee)

Total (new students add \$45 registration fee) = \$ _____

By signing below, I authorize the Suzuki School of Newton to bill my account and understand that payment must be made BEFORE the lessons are to take place. I also acknowledge the no makeup policy and agree to the school's privacy policy with regards to use of student images in marketing and communications. **please call the office to opt out of our image use policy**

Parent/Guardian Signature: _____ Date: _____

NEW Suzuki Newton Families Please Complete This Section

Student DOB: _____

School Attending: _____

Parent 1

Parent 2

Address: _____

Home Phone: _____

Work: _____

Other: _____

Email _____

I have read and understood the Suzuki School of Newton policy statement.

Signature _____ Date _____

