



Davis Guitar Studio, LLC  
595 Forest Ave.  
Plymouth, Mi. 48170  
734 262 1409

[www.Davisguitarstudio.com](http://www.Davisguitarstudio.com)  
[Davisguitarstudio@gmail.com](mailto:Davisguitarstudio@gmail.com)

### ENROLLMENT FORM

**How did you hear about DGS?** \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Lesson Time and day: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ Male/Female: \_\_\_\_\_

**STUDENT MEDICAL INFORMATION:**

If you have a serious medical condition such as epilepsy, history of heart Attack, diabetes, etc. that may require our staff to contact medical assistance or you, Please fill out the form below. If you have no existing conditions, please leave this section blank and proceed to policies and procedures. This information will be kept confidential and will be used by Davis Guitar Studio personnel in case of emergency.

**EMERGENCY MEDICAL CONTACT INFORMATION:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



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### PHYSICIAN INFORMATION

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### MEDICAL HISTORY:

1. Identify student' medical history (e.g. asthma, diabetes etc) Please specify

2. Does the student have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please specify:

3. Is the student taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please specify:

Drug name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Condition: \_\_\_\_\_

Frequency: \_\_\_\_\_

Drug name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Condition: \_\_\_\_\_

Frequency: \_\_\_\_\_

4. Does the student self-medicate? Yes \_\_\_\_\_ No \_\_\_\_\_



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## **POLICIES AND PROCEDURES**

### TUTION:

1. All payments are processed by pre-authorized debit, pre-authorized credit cards or auto dr accounts on the first of the month. Private lessons are \$99.00 per month for weekly 30 minute sessions. Tuition is never prorated for missed lessons. Tuition does not include any retail teaching methods such as books or instruments. \_\_\_\_\_

### CANCELLATIONS AND MAKE UP LESSONS:

2. For any lessons missed by a teacher, the studio will attempt to provide a substitute teacher. If a substitute teacher is unavailable, a private makeup will be scheduled promptly. For any lesson missed by a student the Studio holds one hour makeup classes on Saturdays (Ask to see schedule). The classes are age and level appropriate and are held between the hours of 11 am and 5 pm. To sign up for a makeup class be sure to contact Mr. Davis (Email or Phone) and not the instructor for a date and a time. \_\_\_\_\_

### DISCONTINUING LESSONS:

3. To discontinue lessons and to discontinue charges to your account, fill out the withdrawal form before the 15<sup>th</sup> of the month. We do not prorate tuition for the last month's lessons. Students will be responsible for their last month's tuition whether or not they attend the lessons. \_\_\_\_\_

### AVERAGE OF 4 LESSONS PER MONTH:

4. Monthly tuition is based on a 48 week year. We are closed four weeks for holidays. In long months you will get 5 lessons, and most months you will get our lessons. The tuition is the SAME CHARGE each month. We don't charge you more when you have five lessons in a month and we don't charge you less when you have three lessons in a month. This makes everyone's accounting easier. \_\_\_\_\_

### SUMMER VACATION:

5. Davis Guitar Studio operates year round and does not close for the summer. We are happy to offer unlimited makeup's for our students and they are held on Saturdays. If you are taking a month off for vacation and want to resume the next month, your payment is still due on the first of the month to reserve your lesson time. The lessons for the month you miss can be made up when you return for vacation. \_\_\_\_\_

### CARE OF STUDENTS:

6. Davis Guitar Studio is not responsible for providing before or after class for the students. Parents with children under the age of eight must remain in the building lobby during the classes. Students are not to be left at the school for excessive time periods before or after their lessons. \_\_\_\_\_

OPEN DOOR POLICY:

7. Parents are always allowed to sit in on lessons. We have an open door policy for lessons. \_\_\_\_\_

INJURIES:

8. Parents, legal guardians of minors, students and adult students waive the right to any legal action for injury sustained on studio property resulting from normal lesson activity or any other activity conducted by the students or their siblings before, during or after their lesson time, including hearing loss or hearing damage. Davis Guitar Studio is not responsible for any damage done to instruments, vehicles or items stolen from vehicles. \_\_\_\_\_

PICKING UP:

9. Children must wait inside the building for their parents to pick them up from their lessons. Please do ask them to meet you elsewhere. DGS assumes no responsibility for children who leave the building unaccompanied. \_\_\_\_\_



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### PERMISSION TO USE IMAGE, VOICE AND MUSIC RECORDING

This form is a request for permission to use the image and/or voice/music recording of the student in one or more of several mediums (including, but not limited to, our website and photographs taken in visiting papers and magazines).

Due to the nature of the Davis Guitar Studio's performance and promotion, it is fairly common for newspapers etc. to visit the studio and take photographs and recordings of students. As a parent of a student attending the studio, we want to assure you that the use of images is strictly controlled for students' safety.

Your son or daughter's participation in these promotional events is helpful but not mandatory. We understand as a parent you may or may not want your child photographed or recorded. Please indicate below whether or not your child's image may be used.

This permission will stay permanently in effect unless cancelled in writing by the parent, guardian or adult student.

Thank you for your cooperation.

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#### PARENTS:

As the parent or legal guardian of \_\_\_\_\_ (Write student's name)

\_\_\_\_\_ YES, I grant Davis Guitar Studio LLC permission to use my child's image and/or voice/music recording.

\_\_\_\_\_ NO, I do not wish Davis Guitar Studio LLC to have permission to use my child's image and/or voice/music recording

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

#### ADULT STUDENT:

\_\_\_\_\_ YES, I grant Davis Guitar Studio LLC permission to use my image and/or voice/music recording.

\_\_\_\_\_ NO, I do not wish Davis Guitar Studio LLC to have permission to use my image and/or voice/music recording

Adult Student Name \_\_\_\_\_ Signature \_\_\_\_\_



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**AUTHORIZATION AGREEMENT FOR ACH PAYMENTS**

(I/we) do hereby authorize DAVIS GUITAR STUDIO, LLC, hereinafter named the COMPANY, to initiate recurring (Debit or Credit) entries to (My/our) (Credit Card or Checking Account) as indicated and named below as the depository financial institution, hereafter named FINANCIAL INSTITUTION. (I/we) acknowledge that the origination of ACH transactions to (my/our) account must comply with the provisions of U.S. Law. Furthermore, if any such debit(s) by electronic debit and subsequently collect a returned NSF fee of \$25.00 per item by the electronic debit from my account identified below, and authorize all of the above as evidence by my signature below.

One time registration fee: \$15.00      First months tuition: \_\_\_\_\_

Total First months charge: \_\_\_\_\_ Date: \_\_\_\_\_

Please write your initials here approving charges: \_\_\_\_\_

Continuous payment start date: \_\_\_\_\_ Payment amount: \_\_\_\_\_ (monthly)

***PAYMENTS ARE RECURRING AND ARE DEDUCTED ON THE FIRST OF EACH MONTH UNTIL A WITHDRAWAL FORM IS SUBMITTED TO THE OFFICE OF DAVIS GUITAR STUDIOS.***

\_\_\_\_\_ **AUTO DRAFT FROM CHECKING (attach a voided check)**

Financial institution Name: \_\_\_\_\_

Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_\_\_ **AUTO DRAFT FROM CHECKING**

**MC** \_\_\_\_\_ **VISA** \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Account Number: \_\_\_\_\_ Exp  
Date \_\_\_\_\_

This authorization is to remain in full force until the COMPANY has received written notification from me (or either of us) of its termination in such manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

**POLICIES, PAYMENT AUTHORIZATION WAIVERS**

(sign after reading policies, payment authorization and waivers)

I have read and understand the DGS policies and procedures, payment aurhorization agreement and abide by them.

Name: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_



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### WITHDRAWAL FORM

To discontinue lessons and to discontinue charges to your account, please fill out the withdrawal form before the 15<sup>th</sup> of your last month.

We do not prorate tuition for the last month's lessons.

Students will be responsible for their last month's tuition *whether or not they attend lessons.*

Students can sign up or four make up classes held at anytime throughout the year if they cannot attend their lessons during their last month.

No refunds are given for students missing their last month.

No exceptions will be made for moving, relocating, illness, etc.

I \_\_\_\_\_ have been made aware and agree that I must fill out this form by the 15<sup>th</sup> of my last month to have my charges at the Davis Guitar Studio discontinued.

By signing this form, I agree and understand that lessons are month to month but I must let the studio know by the 15<sup>th</sup> of my last month. No exceptions will be made for me and no refunds will be given me for this policy.

WRITE THE DATE OF THE LAST LESSON YOU WILL ATTEND: \_\_\_\_\_

NAME (S) \_\_\_\_\_

REASON FOR WITHDRAWING: \_\_\_\_\_

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