

# CISD MUSIC ENRICHMENT PROGRAM

## ENROLLMENT FORM & CONTRACT

*I wish to enroll my child in the Cleburne ISD Music Enrichment Program. I understand the cost of this program is \$17 per lesson, paid one month in advance. I have read the attached literature regarding the Music Enrichment Program, and understand the expectations and procedures regarding scheduling, location, attendance, and payment.*

### MEP STUDENT–INSTRUCTOR AGREEMENT

#### STUDENT RESPONSIBILITY

- Attend all scheduled lessons
- Communicate attendance concerns in a timely manner
- Provide monthly payment for all lessons at the first lesson of each month
- Prepare required material for each lesson fully
- Exhibit evidence of practice
- Supply materials as required by the instructor (supplemental books, recordings, tools, etc.)

#### INSTRUCTOR RESPONSIBILITY

- Exhibit professional characteristics and demeanor in attitude, appearance, behavior, attendance, and responsibility in every activity germane to music enrichment instruction
- Provide each student with a quality lesson that will contribute positively to the development and continued improvement of the student as a musician and performer
- Prepare students for the TMEA All-Region audition process and solo and ensemble contests
- Instill an appreciation for their respective instrument's repertoire via professional recordings
- Cultivate a desire within each student to make music a lifelong activity

**STUDENT** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**INSTRUMENT** \_\_\_\_\_ **CAMPUS** (circle one) **CHS** **SMS** **WMS**

**LEVEL** (circle one) **Beginning Band** **Concert Band** **Symphonic Band** **Wind Ensemble**

**ADDRESS** \_\_\_\_\_ **CITY, STATE, ZIP** \_\_\_\_\_

**PARENT NAME** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**PARENT EMAIL** \_\_\_\_\_

\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
Date

Complete this form and return it to your child's band director.