

Voice Lessons Interest Form: Summer 2021

Voice lessons will be in person unless you prefer to schedule on Zoom. Please indicate preference on your enrollment form.

Voice lessons must be paid on full upon registration.

Since summer vacation and camp schedules can be hectic, please look ahead at your schedule for any potential conflicts. If you know you will miss any lessons, please put the dates in writing and give to your teacher in advance. By letting her know that you will miss a lesson, she can fill your time slot with someone who needs a make-up lesson. **Unscheduled absences will not be made up.**

One lesson per student will be made up if the teacher **is informed in advance**. Cancellations made “day of” will **not** be made up. Make-up lessons will be scheduled individually by the teacher.

The cost for lessons is \$27.00 per 30-minute class. Number of lessons available varies by teacher. You are welcome to take with multiple teachers if that is what works best with your schedule.

Please include your payment with your time preference sheet and registration form.

Please look at your schedule when selecting a teacher/session.

If taking 2 lessons a week for fewer weeks is best for your schedule, please indicate that.

Please only choose time slots you would be able to take.

If you have no preference, put an X in the box of several times on each date for which you want to be scheduled.

If certain times are best, please rank those (1 being preferred) and I will do my best to schedule those times. Please give me a few options on each day so I can try to get everyone scheduled.

We will email to confirm which time slots you have been assigned. If you want to plan June lessons now, and add July/August later, you can do that, too.

Voice Lessons Summer 2021 Request Form

Name: _____ Age: _____

Best Phone # for Student _____

Parent Email: _____

Alternative Phone #: _____

Have you taken voice lessons with Cary-Grove Performing Arts Centre in the past?

If yes, with whom? _____

On each grid: Under each date put an X for any times that would work for you on that day. If certain times are best please rank them and I will do my best to schedule those times. You can schedule more than one lesson per week if you want! Please give me a few options on each day so I can try to get everyone scheduled.

Total # lessons to be scheduled: _____

Any additional comments or information to consider when scheduling:

Mondays			Put an X in the box of any slots that work, if desired, rank choices 1-3 in each column for which you want a lesson scheduled				
Time	Teacher	In Person or Zoom	M 7/26				M 8/2
4:00-4:30 pm	Julia						
4:30-5:00 pm	Julia						
5:00-5:30 pm	Julia						
5:30-6:00 pm	Julia						
6:00-6:30 pm	Julia						
6:30-7:00 pm	Julia						
12:00-12:30 pm	Ashley						
12:30-1:00 pm	Ashley						
1:00-1:30 pm	Ashley						
1:30-2:00 pm	Ashley						
2:00-2:30 pm	Ashley						
2:30-3:00 pm	Ashley						

Thursdays			Put an X in the box of any slots that work, if desired, rank choices 1-3 in each column for which you want a lesson scheduled							
Time	Teacher	In Person or Zoom	Th 6/24	Th 7/1	Th 7/8	Th 7/15	Th 7/22	Th 7/29	Th 8/5	Th 8/12
12:30-1:00 pm	Sue									
1:00-1:30 pm	Sue									
1:30-2:00 pm	Sue									
2:00-2:30 pm	Sue									
2:45-3:15 pm	Sue									
3:15-3:45 pm	Sue									
3:00-3:30 pm	Ashley									
3:30-4:00 pm	Ashley									
4:00-4:30 pm	Ashley									
4:30-5:00 pm	Ashley									
5:00-5:30 pm	Ashley									
5:30-6:00 pm	Ashley									
6:00-6:30 pm	Ashley									
4:00-4:30 pm	Julia									
4:30-5:00 pm	Julia									
5:00-5:30 pm	Julia									
5:30-6:00 pm	Julia									
6:00-6:30 pm	Julia									
6:30-7:00 pm	Julia									

Please turn in your form ASAP. We will email you a confirmation with your time slots.

Please include the registration form, including the payment page. Payment due with your request form

If you have any questions, please email us at CGPAC1@gmail.com.

Online Credit Card Authorization Form

To pay via credit card, please provide the following information. Your payment will be processed and a copy of the receipt will be emailed to you upon request.

Card Type: Visa Mastercard American Express Discover

Name on Card: _____ Card Number: _____

Expiration: ____/____ 3 Digit CVC Code: _____ Billing Zip Code _____

_____ By initialing here I authorize the Cary-Grove Performing Arts Centre to charge my credit card.

Today's Date: _____

Would you like a receipt emailed to you? _____