

Student's Name: \_\_\_\_\_

# Bharati Soman

## Voice Studio Policy 2016-2017: Falls Church Studio

PHONE: (703) 447-7434 • EMAIL: [studio@bharatisoman.com](mailto:studio@bharatisoman.com) • WEBSITE: [www.bharatisoman.com](http://www.bharatisoman.com)

Welcome! I look forward to this year and I hope it will be productive and fun. My goal is to make each student the best musician he/she can be. Please read the guidelines below to help ensure that you have a successful experience. If you have any questions, feel free to call or email me.

### Tuition & Fees

Please check a box to choose the length and frequency of your lesson, and your payment schedule:

Lesson Length/ Payment Plan	Registered Weekly Lessons (Annual Reg. Fee = \$40; Single Quarter Reg. Fee = \$15)		Unregistered (Pay-Per-Lesson)
	Quarterly (8-week Session) Tuition Due Dates: Sept. 11; Nov. 6; Jan 22; Mar 19	Semi-Quarterly (4-week Session) Tuition Due Dates: Sept. 11; Oct. 9; Nov. 6; Dec. 11; Jan 22; Feb. 19; Mar 19; Apr 30	
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**Registered v. Unregistered Students:** Registered students will receive a regular weekly lesson time. Unregistered students are NOT guaranteed a regular lesson time. Unregistered students are expected to pay for lessons at the time of service.

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## **Attendance & Punctuality**

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**Missed Lessons:** *Students must notify the instructor of an absence or schedule change by 11:00pm the day before his/her scheduled lesson. A lesson will only be made up if proper notice of absence is given. If no notice or late notice is given, the student will be considered a NO-SHOW, and the lesson will NOT be made up.*

Lessons cancelled by the instructor will be made up at the student's convenience. Once a make-up lesson time is agreed upon, it will NOT be rescheduled. (See below for information regarding weather-related cancellations.)

**Discontinuation of Services:** If lessons must be discontinued, notice must be given in writing at least TWO weeks in advance. If the student has not received all pre-paid lessons prior to stopping/pausing lessons, the student has up to 60 days, after informing the instructor of discontinuation, to receive any remaining lessons. **There are NO refunds.**

## **Holidays, Weather Cancellations & Summer Lessons**

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**Weather Cancellations:** The studio will follow Fairfax County Public Schools' weather-related closures. Lessons missed due to weather-related cancellations will be made up during the week scheduled for "make-up" lessons at the end of the quarter.

**Summer:** A Summer Session will be offered during the summer months (June – August). In order to guarantee a student's place in the studio for the following year, students must commit to a minimum of four (4) lessons (pre-paid) during Summer Session. Students not participating in Summer Session will be scheduled on an as-available basis for the following year.

## **Practicing & Preparedness**

Students should practice the given exercises and musical pieces (times will vary based on student's age and level). Students should come to their lessons prepared with the pieces or assignments that have been given.

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*Students should bring a recording device to their lessons. Lesson recordings should be reviewed by the student in order to aid with practicing.* In addition, a book of manuscript paper can be purchased and brought to each lesson. Students' exercises will be recorded in the book and should also be used for practicing.

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## **Media Release**

Students, and parents/guardians of students under the age of 18 years old, agree to allow Bharati Soman Voice Studio to use written correspondence as a testimonial and/or take photographs/video/audio recordings of him/her during lessons, rehearsals, recitals, or other studio events for archival purposes and studio promotional use. Published materials will **NOT** include full names – only first name/last initial or full initials will be used.

The Studio Policy will be updated at the beginning of each academic year. If there is a change in the Studio Policy in the interim, you will be notified and provided with a new copy of the policy at least 2 weeks before the changes go into effect. Students are welcome to contact me with questions throughout the week. I look forward to working with you!

By signing below, I acknowledge that I have read and agree to the terms set forth in this studio policy.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

# Bharati Soman

## Voice Studio - Contact Information and Student Questionnaire

PHONE: (703) 447-7434 • EMAIL: [studio@bharatisoman.com](mailto:studio@bharatisoman.com) • WEBSITE: [www.bharatisoman.com](http://www.bharatisoman.com)

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Student's Name

Mailing Address

Student's Email

City/State/Zip

Student's Cell Phone

Home Phone

Primary Parent/Guardian Contact - Name

Secondary Parent/Guardian - Name

Primary Parent/Guardian Contact - Email

Secondary Parent/Guardian - Email

Parent/Guardian 1 – Work Phone    Parent/Guardian 1 - Cell

Parent/Guardian 2 – Work Phone    Parent/Guardian 2 – Cell

Preferred method of contact for notification of last-minute schedule changes:

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

Phone [indicate which phone #(s) by circling]:    Home    Student's Cell    P/G1 Work    P/G1 Cell    P/G2 Work    P/G 2 Cell

Text Message [indicate which phone #(s) by circling]:    Student's Cell    P/G 1 Cell    P/G 2 Cell

### Student Questionnaire

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Are you in the chorus at your school?     Yes     No    Voice Part(s):     S1     S2     A1     A2

If so, which one? \_\_\_\_\_     T1     T2     B1     B2

How long have you been in chorus? \_\_\_\_\_    Choir Director: \_\_\_\_\_

Have you ever had voice lessons? \_\_\_\_\_    How long? \_\_\_\_\_    Teacher(s): \_\_\_\_\_

Do you play any instruments? \_\_\_\_\_    Lessons? \_\_\_\_\_    How long? \_\_\_\_\_

Please list any languages (other than English) that you have studied or speak fluently: \_\_\_\_\_

Do you intend to pursue music professionally? \_\_\_\_\_

What are your musical goals? \_\_\_\_\_

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Please evaluate your abilities in the following categories:

<u>Technique</u>	Circle one: 1 = needs work 5 = strong	<u>Performance/ Interpretation</u>	Circle one: 1 = needs work 5 = strong	<u>Musicianship</u>	Circle one: 1 = needs work 5 = strong
Head Voice	1 2 3 4 5	Stage Presence	1 2 3 4 5	Reading Music	1 2 3 4 5
Chest Voice	1 2 3 4 5	Facial Expression	1 2 3 4 5	Music Theory	1 2 3 4 5
Breath Control	1 2 3 4 5	Languages	1 2 3 4 5	Sight Singing	1 2 3 4 5
Intonation (Staying on pitch)	1 2 3 4 5	Diction	1 2 3 4 5	Rhythm	1 2 3 4 5
Volume (Loudness)	1 2 3 4 5				
Consistency of Vibrato	1 2 3 4 5				
Ability to Sing Legato	1 2 3 4 5				
Vocal Range	1 2 3 4 5				
Tone Quality	1 2 3 4 5				
Other Areas you would like to Address:		Other Areas you would like to Address:		Other Areas you would like to Address:	

Do you have any health/medical problems, which could affect your singing?

- |  |   |
|--|---|
| <input type="checkbox"/> Acid Reflux                                       | <input type="checkbox"/> Vocal Health Issues    |
| <input type="checkbox"/> Allergies (Pollen, dust, etc.)                    | o Muscular Tension Dysphonia                    |
| <input type="checkbox"/> Asthma  | o Vocal Cord Injury/Pathology (Nodules, etc.)   |
| <input type="checkbox"/> Heart Disease                                     | <input type="checkbox"/> Other – Please Explain |
| <input type="checkbox"/> Scoliosis or other Spinal/Postural Irregularities | _____   |
|  | _____   |

Do you have any learning disabilities?       No       Yes: \_\_\_\_\_

On average, how many hours per day do you sing?       1-2       3-4       5-6

On average, how many hours per day do you talk?       1-2       3-4       5-6

Do you participate in any of the following activities which require the use of your voice?

- |  |   |
|--|---|
| <input type="checkbox"/> Community Choir         | <input type="checkbox"/> Cheerleading         |
| <input type="checkbox"/> Community Theater/Drama | <input type="checkbox"/> School Theater/Drama |
| <input type="checkbox"/> Church Choir            | <input type="checkbox"/> Other: _____         |

Is there anything else you would like me to know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Bharati Soman Voice Studio – Lesson Calendar 2016-17

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## 1<sup>st</sup> Quarter (Sept. 11 – Nov. 3)

	Sunday	Monday	Wednesday	Thursday
<b>Week #1</b> Quarterly & S-Q Tuition Due	9/11	9/12	9/14	9/15
<b>Week #2</b>	9/18	9/19	9/21	9/22
<b>Week #3</b>	9/25	9/26	9/28	9/29
<b>Week #4</b>	10/2	10/3	10/5	10/6
<b>Week #5</b> Semi-Quarterly Tuition Due	10/9	10/10 (Columbus Day)	10/12	10/13
<b>Week #6</b>	10/16	10/17	10/19	10/20
<b>Week #7</b>	10/23	10/24	10/26	10/27
<b>Week #8</b>	10/30	10/31	11/2	11/3

## 2<sup>nd</sup> Quarter (Nov. 6 – Jan. 19)

	Sunday	Monday	Wednesday	Thursday
<b>Week #1</b> Quarterly & S-Q Tuition Due	11/6	11/7 (FCPS Teacher Wrkdy)	11/9	11/10
<b>Week #2</b>	11/13	11/14	11/16	11/17
<b>Week #3</b>	11/20	11/21 11/28	11/30	12/1
<b>Week #4</b>	12/4	12/5	12/7	12/8
<b>Week #5</b> Semi-Quarterly Tuition Due	12/11	12/12	12/14	12/15
<b>Week #6</b>	12/18	1/2 (FCPS Holiday)	1/4	1/5
<b>Week #7</b>	1/8	1/9	1/11	1/12
<b>Week #8</b>	1/15	1/16 (MLK Day)	1/18	1/19

\* No lessons 11/21-11/27; 12/19-1/1

## 3<sup>rd</sup> Quarter (Jan. 22 – March 16)

	Sunday	Monday	Wednesday	Thursday
<b>Week #1</b> Quarterly & S-Q Tuition Due	1/22	1/23	1/25	1/26
<b>Week #2</b>	1/29	1/30	2/1	2/2
<b>Week #3</b>	2/5	2/6	2/8	2/9
<b>Week #4</b>	2/12	2/13	2/15	2/16
<b>Week #5</b> Semi-Quarterly Tuition Due	2/19	2/20	2/22	2/23
<b>Week #6</b>	2/26	2/27	3/1	3/2
<b>Week #7</b>	3/5	3/6	3/8	3/9
<b>Week #8</b>	3/12	3/13	3/15	3/16

## 4<sup>th</sup> Quarter (March 19 – May 21)

	Sunday	Monday	Wednesday	Thursday
<b>Week #1</b> Quarterly & S-Q Tuition Due	3/19	3/20 (President's Day)	3/22	3/23
<b>Week #2</b>	3/26	3/27	3/29	3/30
<b>Week #3</b>	4/2 4/9	4/3	4/5	4/6
<b>Week #4</b>	4/16 4/23	4/17 (FCPS Tchr Wrkdy)	4/19	4/20
<b>Week #5</b> Semi-Quarterly Tuition Due	4/30	4/24	4/26	4/27
<b>Week #6</b>	5/7	5/1	5/3	5/4
<b>Week #7</b>	5/14	5/8	5/10	5/11
<b>Week #8</b>	5/21	5/15	5/17	5/18

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**PLEASE RETAIN THIS COPY FOR YOUR RECORDS**

Parent/Guardian's Signature

Date

Parent/Guardian's Name