

♪ Adult Piano Studio Policy ♪

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The relationship between teacher and student is a team. In order for the team to succeed both members need to be responsible for their share.

My responsibility as the **teacher** includes:

- *being ready* to start on time and having a clear plan for each lesson;
- establishing a *safe learning environment* where you can be yourself;
- *getting to know you* and finding a suitable approach for your learning style;
- maintaining *regular communication* about your progress and addressing any issues of concern;
- teaching you effective *practice habits*;
- and *challenging you musically* by choosing grade-appropriate repertoire and building skills in technique, theory, and ear training.

Note: establishing healthy motions at the keyboard involves some physical contact. If you are uncomfortable with this then let me know and I will adjust my approach.

As a **student**, you also have responsibilities in our piano team, which include:

- *being prepared* and ready to start on time for each lesson, including muting cellphones;
- *practicing* 6 days a week, for around 30 minutes each day as a guideline;
- *communicating* to me what you want out of lessons. Do you want to perform, do a Royal Conservatory of Music exam, or just do it for fun?;
- *also communicating* questions and concerns to me by phone, text and email.
- *being respectful* by refraining from using foul language. A piano studio is like any other classroom. Please discard chewing gum. Please be mindful to wash your hands before each lesson as a keyboard is the perfect place to spread germs!
- *Stay up-to-date* with payment. Cash, cheques, and e-transfer are accepted.
- Provide **24 hours notice** if you need to cancel– **failure to provide appropriate notice will require full payment for missed lesson. 1 absence per semester is permitted for students in the semester system.**

"You are never too old to set another goal or to dream a new dream!"

-Anonymous

Adult Consent Form for Audio Recording of Piano Lessons
Piano Studio of Darryl Cremasco

****Student Copy-for your records****

Section 1 – Student Information

*Name_____

Address_____

Postal Code_____

*Telephone_____

Cellphone _____

*Email_____

Emergency Contact_____

Section 2 – Consent

I, _____ (name of student), hereby authorize the recording of my piano lessons under the instruction of Darryl Cremasco. I understand that these recordings will be used for the teacher's educational purposes and no one but Darryl Cremasco and myself will have access to them.

Recordings will be kept on a hard drive in a secure location, and can be made available to the student for practice purposes on request.

Signature of Student_____

Signature of Teacher_____

Date_____