

GUSTAVUS

GUSTAVUS ADOLPHUS COLLEGE

Registration Form
Piano Lab Program
Academic Year 2016-2017

Date_____

Child's Name_____

Birth date_____ Grade in fall 2016 _____

Parents' Names_____

Mailing address_____

e-mail address_____ Best phone number to reach you: _____

What type of piano will your child using for practice? _____

I would like to pay tuition:

_____by the semester (\$330 for fall/J-term; \$264 for spring)

_____by the month (4 monthly installments of \$83 for fall/J-term; \$66 for spring)

Students with special needs should have a conversation with the director before registering. It is important for the teacher and director to know what learning challenges students have so lesson plans and materials can be adapted to each student's needs.

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I have read and agree to the Piano Lab School Policies.

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I have enclosed the \$25 nonrefundable, registration fee (checks made out to GAC).

Parent or Guardian Signature

Please return this form to: Rebekah Richards, Director Piano Lab School
Music Department
Gustavus Adolphus College
St. Peter, MN 56082