

GUSTAVUS

GUSTAVUS ADOLPHUS COLLEGE

Registration Form Piano Lab Program Academic Year 2013-14

Date_____

Child's Name_____

Birth date_____ Grade _____

Parents' Names_____

Mailing address_____

e-mail address_____ Phone numbers: home_____

Cell phone: _____

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

I would like to pay tuition:

_____ by the semester (\$300 for fall/J-term; \$240 for spring)

_____ by the month (4 monthly installments of \$75 for fall/J-term; \$60 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.

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

I have enclosed the \$20 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

