



**VPC PIANO LAB – APPLICATION FORM**

Student Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

**I wish to enroll in the following class(es) Please circle:**

Fall Semester	Sept. 14-Dec. 17	\$ 300	12 week course
Vacation	Oct. 12-15 and Nov. 23-26		
Winter Semester	Jan. 11-March 22	\$ 250	10 week course
Spring Semester	April 5-May 24	\$ 200	8 week course
Vacation	March 29-April 1		

**For Children and Students, ages 6-18 Please Circle:**

Monday	4:30-5:30	Tuesday	4:30-5:30
Wednesday	4:30-5:30	Thursday	4:30-5:30

**For Adults:**

Monday	11a.m.-12	Monday	7:00-8:00 p.m.
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Payments are due on or before the first date of each semester. Missed classes cannot be made up, however if space is available, students may attend another class in the week or arrange a private lesson for an additional \$20.

I hereby give permission for \_\_\_\_\_ to participate in the VPC Piano Lab.

I agree to release, indemnify and hold harmless the program, VPC and their agents and employees, from any claim, cost, expense, including but not limited to attorney's fees, and damages, which may be incurred as a result of participating in the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Print name \_\_\_\_\_

*Return this form to the church office c/o Karen Parthun.*