Summer Registration Form

Please return this form with the Registration Fee (after June 1st) and HALF of the Camp/Workshop fees.
DaySpring Arts & Education at 2500 Metro Blvd, Maryland Heights, MO 63043
Call (314) 291-8878 for more information

Student’s Name
_____________________________________________________________________________________________________________________________________________________

Date of Birth __________________________ Age __________ Grade ______________ Gender  M  /  F

Student T-Shirt Size (please circle)    Youth Small    Youth Medium    Youth Large    Adult Small    Adult Medium    Adult Large    Adult XL    Adult XXL

Students 14+ that would also like to receive notifications please add your contact info below

Student Email Address ___________________________________________________________ Student Cell # ____________________

Parent’s Name(s) ____________________________________________________________ Home # __________________________

Address ___________________________________________________________________ Mom Cell # ____________________

City, State & Zip ___________________________ Dad Cell # ____________________

Email Address (to receive notifications) _________________________________________ mom / dad

Please let us know about any medical conditions or allergies (especially food) your child may have.

☐ I agree to receiving notifications about class cancellations or building closures via text message. ☐ I agree to the appropriate policies on the website: www.dayspringarts.org.

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<th>Camps/ Workshops</th>
<th>Dates</th>
<th>Full Tuition</th>
<th>HALF Tuition</th>
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Multi-Discount: 1 class: full price | 2+ classes: 10% off lower prices camp(s) Sibling Discount: 10% off Siblings in multiple-camps: multi-disc then sib disc

How did you hear about DaySpring?
☐ Web    ☐ School ________________________
☐ Flyer   ☐ Other ________________________
☐ Friend __________________________________

Please Choose Tuition Payment Method:
☐ I prefer to pay half now, half when camp starts.
☐ I prefer to pay the entire amount at once.
☐ I prefer to make payments using my Autocheck account on file (current families only)

Signed ____________________________

Office Use Only

Received By __________________________________
Payment Type __________________________________
Registered SSP __________________________________
Billing ________________________________________
Welcome Info ________________________________

Total Tuition for Camps/Workshops ______________________
Half of Tuition for Camps/Workshops ________________
-Multi Camp/Workshop Discount __________________
= Subtotal __________________
- Sibling Discount __________________
Summer Registration Fee: $15 per student (due at reg. after 6/1) __________________
= Total Amount Due (at registration) ______________