

## Classes Registration Form

Date \_\_\_\_\_ Start Date \_\_\_\_\_



Please return this form with the Annual Registration Fee and Tuition or the Autocheck Form to:  
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.*

*Please let us know about any learning challenges your child may have so the teachers will be able to help them progress effectively.*

☐ 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](http://www.dayspringarts.org).

### Location MH / CW

Class Name	Day	Tuition	Class Name	Day	Tuition
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Multiple Class Discounts** (off total tuition): 2 classes: 15% | 3: 22% | 4: 28% | 5: 35% | 6: 40% | 7: 45% | 8: 50%

**Sibling Discount** (taken after multi-class): 10% off 2nd Child | 25% off 3rd+

#### How did you hear about DaySpring?

☐ Web ☐ School \_\_\_\_\_  
☐ Flyer ☐ Other \_\_\_\_\_  
☐ Friend \_\_\_\_\_

**Annual Registration Fee:** \$30 Indiv/ \$50 Fam (due at registration)

☐ I prefer to pay by check, cash, or card (4% convenience fee for any card)  
☐ Please add Registration Fee to my Autocheck account on file.

Total Tuition for Classes \_\_\_\_\_  
- Multi Class Discount \_\_\_\_\_  
= Subtotal \_\_\_\_\_  
- Sibling Discount \_\_\_\_\_  
= Total Amount Due \_\_\_\_\_

#### Office Use Only

Received By \_\_\_\_\_  
Reg. Payment Type \_\_\_\_\_  
Tuition Payment Type \_\_\_\_\_  
Registered SSP \_\_\_\_\_  
Billing \_\_\_\_\_  
Welcome Info \_\_\_\_\_

#### Please Choose Tuition Payment Method:

☐ I prefer to pay the entire amount at once.  
☐ I prefer to make monthly payments using the Autocheck Program, form attached.  
Signed \_\_\_\_\_