

## 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

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Email Address (to receive notifications) \_\_\_\_\_ mom / dad

Home # \_\_\_\_\_

Mom's Cell # \_\_\_\_\_

Dad's Cell # \_\_\_\_\_

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

Class Name	Day	Tuition	Fees	Class Name	Day	Tuition	Fees	Location	MH / CRW

Multiple Class Discounts: 2 classes: 15% off Tuition Total; 3 classes: 22%; 4: 28%; 5: 35%; 6: 40%; 7: 45%; 8: 50%. Sibling Discount: 10% off 2nd Child; 25% off 3rd

### Office Use Only

Received By \_\_\_\_\_

Payment Type \_\_\_\_\_

Registered SSP \_\_\_\_\_

Billing \_\_\_\_\_

Welcome Info \_\_\_\_\_

☐ I agree to the appropriate policies on the website: [www.dayspringarts.org](http://www.dayspringarts.org).

Please Choose Payment Method:

☐ I prefer to pay the entire amount now.

☐ I prefer to make monthly payments using the Autocheck Program, form attached.

Signed \_\_\_\_\_

Total Tuition for Classes \_\_\_\_\_

- Multi Class Discount \_\_\_\_\_

= Subtotal \_\_\_\_\_

- Sibling Discount \_\_\_\_\_

= Subtotal \_\_\_\_\_

+ Other Fees \_\_\_\_\_

+ Annual Registration Fee (\$30 Ind/\$50 Fam) \_\_\_\_\_

= Total Amount Due \_\_\_\_\_