

Family Name _____

Event Registration

ART FIELD DAY

Location	Date	Start-End	Price	RSVP
Liberty Station Arts District 2825 Dewey Rd. San Diego, CA 92106	Monday March 27, 2017	10:00 am - 2:00 pm Check in 9:30 am	Free	Friday March 17, 2017

*When submitting this registration form, you must have already provided TLC with a master liability waiver that includes any medical information about your student. It is your responsibility to update your student's medical information as necessary with the school by completing a new Master Waiver.

*Students must be in good standing (academic/behavioral) to attend events.

*Priority is based upon the returned date. First come - first served.

*Payment is required at the time of registration. Cash payment must be the exact amount. Checks payable to The Learning Choice Academy. No refunds or reimbursements once RSVP is submitted.

*Parents are responsible for providing transportation and supervision. If your student will be attending with another adult or family, a written note must accompany the registration stating your detailed permission.

Parent Name (Last, First):		Total Adults:	Total Students:	Total Siblings:
Phone:		Site (circle one):		
Email:		<input type="checkbox"/> Chula Vista <input type="checkbox"/> Scripps Ranch <input type="checkbox"/> La Mesa <input type="checkbox"/> Temecula		
Names of those attending	Relationship to Student	Grade/Age	Payment FREE	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Sibling		X	
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Sibling			
3.	<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Sibling			
4.	<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Sibling			
5.	<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Sibling			
6.	<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Sibling			
Special Instructions:				
Signature:			Date:	
(For Internal Use Only) Received by: _____ Date: _____ Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____				