

Family Name _____

Field Trip Registration

Water Conservation Garden

Location	Date	Start-End	Price	RSVP
Water Conservation Garden 12122 Cuyamaca College Dr W El Cajon, CA 92019	Friday, November 17, 2017	9:30am - 11:30am Check in 9:00am	\$8 Student	Friday November 3, 2017 (Min. 20/Max. 60)

*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):	Chula Vista	Scripps Ranch
Email:			La Mesa	Temecula
Names of those attending	Relationship to Student	Grade/Age	Form of Payment Extended Units for students only	
1.	Parent Student Sibling		Cash_____	Check_____ EU's_____
2.	Parent Student Sibling		Cash_____	Check_____ EU's_____
3.	Parent Student Sibling		Cash_____	Check_____ EU's_____
4.	Parent Student Sibling		Cash_____	Check_____ EU's_____
5.	Parent Student Sibling		Cash_____	Check_____ EU's_____
6.	Parent Student Sibling		Cash_____	Check_____ EU's_____
Special Instructions: Water conservation assembly, garden guided tour and planting activity. Siblings 4 and under are free.				
Signature:		Date:	Total Cash:	
			Check #:	Total:
*only 1 check is needed per event/family				
(For Internal Use Only) Received by: _____ Date: _____			Total Amount:	
Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____				