

Family Name _____

| |
|------------------------------------|
| Field Trip Registration |
|------------------------------------|

Museum of Making Music

| Location | Date | Start-End | Price | RSVP |
|---|---------------------------------------|--|------------------------------|---|
| Museum of Making Music 5790 Armada Dr. Carlsbad, CA 92008 | Wednesday, January 17, 2018 | 9:30 am - 11:00 am Check in 9:00 am | \$5 / student \$8 / Adult | Friday December 15, 2017 (Min.20/Max. 40) |

*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 | |
| Email: | | | | Scripps Ranch | |
| | | | | 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: | | | | | |
| This G.I.A. field trip and the Museum of Making Music are located very close together and are timed so that families may participate in both, however a separate RSVP form should be completed for each field trip. | | | | | |
| Siblings aged 3 and under are free. Free parking. | | | | | |
| 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: _____ | | | | | |