

Family Name _____

Field Trip Registration

6th Grade Camp

Location	Date	Start-End	Price	RSVP
YMCA Camp Marston 4761 Pine Hills Road Julian, CA 92036	Tuesday-Friday May 29-June 1, 2018	Check-in 10:00 am Tuesday, May 29 Pick-up 10:00 am Friday, June 1	\$239 per student	Friday April 27, 2018

*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 serve.

*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 Students:		
Phone:		Site (circle one):		Chula Vista Scripps Ranch	
Email:				La Mesa Temecula	
6th Grade Student Name		Medication Authorization		Form of Payment Extended Units for students only	
1.		____ N/A ____ Included		Cash____ Check____ EUs____	
2.		____ N/A ____ Included		Cash____ Check____ EUs____	
3.		____ N/A ____ Included		Cash____ Check____ EUs____	
4.		____ N/A ____ Included		Cash____ Check____ EUs____	
Special Instructions: Separate Student Registration/Health Form must be included with TLC Registration. Student's Extended Units (EUs) will be allocated over several months as available to cover the cost of camp. Payment will be allocated from the first month the form is turned in.					
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: _____					