

Family Name _____

Field Trip
Registration

NEW CHILDREN'S MUSEUM

Location	Date	Start-End	Price	RSVP
New Children's Museum 200 W Island Ave. San Diego, CA 92101	Monday, March 19, 2018	1:00 pm - 3:00 pm Check in 12:30 pm	Free Student self-guided \$3/Student w/art workshop \$5 Adult	Friday March 2, 2018 (Min.15/Max. 35 students)

*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 Please circle Student option	Relationship to Student	Grade/Age	Form of Payment Extended Units for students only	
1. Student self-guided Student w/workshop	Parent Student Sibling		Cash_____ Check_____ EU's_____	
2. Student self-guided Student w/workshop	Parent Student Sibling		Cash_____ Check_____ EU's_____	
3. Student self-guided Student w/workshop	Parent Student Sibling		Cash_____ Check_____ EU's_____	
4. Student self-guided Student w/workshop	Parent Student Sibling		Cash_____ Check_____ EU's_____	
5. Student self-guided Student w/workshop	Parent Student Sibling		Cash_____ Check_____ EU's_____	
6. Student self-guided Student w/workshop	Parent Student Sibling		Cash_____ Check_____ EU's_____	
Special Instructions: Additional downtown parking fee.				
Signature:		Date:	Total Cash:	
			Check #:	Total:
(For Internal Use Only) Received by: _____ Date: _____			*only 1 check is needed per event/family	
Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____			Total Amount:	