

Family Name _____

Field Trip Registration

Sing Me A Story

Location	Date	Start-End	Price	RSVP
Classics 4 Kids Balboa Theatre 868 4th Ave San Diego, CA 92101	Friday, May 17, 2019	10:00 am - 11:00 am Check in 9:30 am	\$7 per person	Friday May 3, 2019 (Min.10/Max. 10)

*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 San Diego/La Mesa Temecula		
Email:				
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: Must be 3 years or older to attend. Additional parking fee.				
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: _____				