

Family Name _____

Field Trip
Registration

OMA'S PUMPKIN PATCH

Location	Date	Start-End	Price	RSVP
Oma's Pumpkin Patch 14950 El Monte Rd. Lakeside, CA 92040	Friday October 4, 2019	10:45 am - 1:30 pm Check in 10:00 am Wagon Ride - 12:30 pm	\$10 per child (includes pumpkin & water bottle) \$5 per adult	Friday September 27, 2019 (Min. 20/Max. 50)

*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 Adults:	Total Students:	Total Siblings:
Phone:		Site (circle one):		Chula Vista Scripps Ranch
Email:		La Mesa		
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: Children age 1 year and over must pay fee. Wagon Ride at 12:30 pm. Children price includes pumpkin and waterbottle.				
Signature:		Date:	Total Cash:	
			Check #:	Total:
(For Internal Use Only) Received by: _____ Date: _____ Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____			Total Amount:	