Return this schedule at least FOUR WEEKS PRIOR to your participation. EMAIL (ITOregistration@ocde.us), FAX (714-662-8716), or District Mail to: Inside the Outdoors \#94, 200 Kalmus Drive, Costa Mesa, CA 92628.

## SCHOOL INFORMATION

School
Phone $\qquad$
District $\qquad$ City $\qquad$
*Number of Students Attending the Field Trip $\qquad$
Grade $\qquad$ Departure time from school $\qquad$
*If your enrollment changes, you must phone or fax us at least 20 business days prior to the scheduled Field Trip date with the revised enrollment number to avoid additional fees.

## INCLEMENT WEATHER

$\qquad$ Secondary Contact Name $\qquad$

## Home/Cell Phone*

(Primary Contact will be notified between 5:45 and 6:30 a.m. on the day of the trip for possible reschedule.)

## Home/Cell Phone*

$\qquad$
(If the primary contact is not available, secondary contact will be notified between 5:45 and 6:30 a.m. on the day of trip.)
$\square$ Please text me with this information.Please text me with this information.
$\square$ Teacher $\square$ Principal $\square$ Vice Principal $\square$ Office Staff I am attending this Field Trip. $\square$ Yes $\square$ NoTeacher $\square$ Principal $\square$ Vice Principal $\square$ Office Staff I am attending this Field Trip. $\square$ Yes $\square$ No
*Phone numbers must be different from the school number unless the school office is open by 6:00 a.m.
PROGRAM
$\square$ Ecosystem Extravaganza (TK or K)
$\square$ Ecosystem Extravaganza Plants
$\square$ Ecosystem Extravaganza Animals
$\square$ Gabrieliño Walk (3 ${ }^{\text {rd }}$ grade)
$\square$ Native American Program (4 $4^{\text {th }}$ grade)

DATE: |  |  |
| ---: | :--- |
|  | $\square$ |
| TIMES: Will you eat lunch on site? |  |
|  | $\square$ 9:00 to $11: 00$ a.m. |
| $\square 11: 30$ a.m. to $1: 30$ p.m. |  |

NUMBER OF GROUPS

- Split students into groups of 18-20.
- Choose any group names.
- Keep student groups together on buses.
- Assign at least one adult per group.
- See Resources Tab on website for details.Riparian

$\square$ Woodland
$\square$ Island
(Arrive 10 minutes early. Late arrival will shorten program time.)


## DAY OF TRIP

$\square$ Group List (2 copies with absences crossed off)
$\square$ Name tags with safety pins on students
$\square$ Bring Medical Release Forms
SPECIAL MEDICAL NEEDS (reduced mobility, allergic to bee stings, epilepsy, heart condition, severe asthma, pregnancy, etc.) Student/Teacher/Chaperone Name

Medical Need
Group Name

