

**Mt. Lebanon School District
Summer Learning Center (SLC) 2019 Registration (Form C)**

Student Name (Last) _____ (First) _____

Street Address _____ Zip Code _____

City _____ State _____

Daytime Phone # () _____ Emergency Phone # () _____

Parent/Guardian Name _____

Parent/Guardian EMAIL _____

Current Grade (2018-2019) _____ School Building (2018-2019) _____
School Year _____ School Year _____

I would like to register my child for the Summer Learning Center.

I have enclosed the following:

_____ Completed Registration (Form B)

_____ Completed Health Office Emergency Card (Form D)

_____ Tuition Check made out to "Mt. Lebanon School District SLC" Total Cost: \$400

Registration Due: May 10, 2019

A student whose registration information is received after May 10th will be placed on a waiting list in the order registration was received.

Please return the registration form, emergency contact form and your check to

**Mt. Lebanon School District
Summer Learning Center
37 Robb Hollow Road
Pittsburgh, PA 15243
Attention: Mrs. Lisa Shank**

Space is limited. Confirmation will be e-mailed or mailed to you in June.

If you have any questions, please contact your building principal or co-coordinators Katie Cornell
kcornell@mtlisd.net and Crystal Hinton chinton@mtlisd.net

(Office Use Only)

Date Received: _____

Check #: _____ Amount: _____