

Mt. Lebanon School District
Summer Learning Center
Summer Program for K-5 Students (2025)

Student Name (Last) _____ (First) _____

Street Address _____ Zip Code _____

City _____ State _____

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

Parent/Guardian Name _____

Parent/Guardian Email _____

Current Grade (2024-2025 School Year) _____

School Building (2024-2025 School Year) _____

Identified ESL Student? (circle one) YES NO

I would like to register my child for the Summer Learning Center. In addition to this registration form, I am enclosing the following:

_____ Completed Health Office Emergency Card

_____ \$400 tuition check made out to “**Mt. Lebanon School District SLC**”

Registration is due by Friday, May 9, 2025.

A student whose registration information is received after May 9th will be placed on a waiting list in the order registration was received. Space is limited. Confirmations will be mail/emailed to you.

Please return registration form, emergency contact form, and tuition payment to:

Mt. Lebanon School District
Lisa Shank 37 Robb Hollow Rd. Pgh PA 15243
Summer Learning Center

(Office Use Only) Date Received: _____ **Check #** _____ **Amount:** _____