

Payment of \$ _____ was received by

FOR OFFICE USE ONLY

Date

Time

Mt. Pleasant Elementary School District
Summer Robotics
June 19th – July 25th
Time: 9:00 -3:00 PM
At Valle Vista Elementary
Registration

Student name: _____ Sex: M F Birthdate _____
(print) Last First (Circle) Mo/Day/Year

Student address: _____ Home Phone: _____
Number & Street

City, Zip

Mother's name: _____ Work Phone: _____

Father's name: _____ Work Phone: _____

In case of emergency, whom may we call?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I authorize Mt. Pleasant Elementary School District Summer School Staff to obtain medical care for my child in an emergency.

Parent Signature: _____ Date: _____

Please return the registration with payment to Danny Patton by May 31, 2013 at the district office located at 3434 Marten Ave., San Jose, CA 95148.

_____ My child has permission to walk home after school.

_____ I will pick up my child after school.