

Mission Dolores Academy

#iamMDA

After School Academic Program

Student Information:

Last Name: _____ First Name: _____ Grade: _____

Parent/Guardian Information:

Name of Parent/Legal Guardian 1: _____

Relationship to Student: __ Mother __ Father __ Legal Guardian

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Name of Parent/Legal Guardian 2: _____

Relationship to Student: __ Mother __ Father __ Legal Guardian

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Authorized Pick Up:

The people named below have my consent to pick up my child from the After School Program.

Name of Authorized Pickup: _____

Relationship to Student: _____ Phone Number: _____

Name of Authorized Pickup: _____

Relationship to Student: _____ Phone Number: _____

Name of Authorized Pickup: _____

Relationship to Student: _____ Phone Number: _____

Parent Signature: _____ Date: _____