

**MISSION DOLORES SCHOOL  
EXTENDED CARE PROGRAM  
REGISTRATION  
2010-2011**

Please **PRINT** all information.

NAME OF STUDENT: ( Last, First, Middle)`		<b>GRADE</b>
Student Address	(Apt. Number)	
City	Zip Code	
Home Telephone		

**Siblings at Mission Dolores School**

Name	Grade
Name	Grade
Name	Grade

**Parent /Guardian Information**

NAME: ( Last, First)	
Relationship to child:	
Address (if different from child's)	(Apt. Number)
City	Zip Code
Home Telephone (if different from child's)	
Mobile Phone	email
Employer's Name	City
Work Number	

**Parent /Guardian Information**

NAME: ( Last, First)	
Relationship to child:	
Address (if different from child's)	(Apt. Number)
City	Zip Code
Home Telephone(if different from child's)	
Mobile Phone	email
Employer's Name	City
Work Number	