

ST. MARY MAGDALEN SCHOOL EXTENSION PROGRAM  
140 BUCKINGHAM STREET, OAKVILLE, CT 06779  
(860) 945-0621

**REGISTRATION FORM 2018-2019**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Where can parents be reached if not at home?

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

List two adults who will assume temporary care of your child if you cannot be reached.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child' Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the Extension Program Handbook and understand the fees, guidelines, arrival and pick- up procedures. \_\_\_\_\_

*Please Initial Here*

**CONTINUED ON BACK...**

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD  
TO ST. MARY MAGDALEN SCHOOL EXTENSION PROGRAM,  
140 BUCKINGHAM STREET, OAKVILLE, CT 06779.

I \_\_\_\_\_ And \_\_\_\_\_  
(Mother or Legal Guardian) (Father or Legal Guardian)

of \_\_\_\_\_, town of \_\_\_\_\_

county of \_\_\_\_\_, and State of Connecticut and of \_\_\_\_\_

\_\_\_\_\_  
(other address if applicable)

are (am) the parent(s) and or legal guardian(s) of \_\_\_\_\_  
Child's name)

Of \_\_\_\_\_, town of \_\_\_\_\_  
(street address)

County of \_\_\_\_\_, and state of Connecticut, who attends the  
SMMS Extension Program, 140 Buckingham Street, Oakville, Connecticut. I (we) hereby give my  
(our) consent to the Extension Program Director at said school or any authorized official at said  
school, in the event all reasonable attempts to contact me (us) at \_\_\_\_\_  
(phone number)

or \_\_\_\_\_ for (1) The administration of any treatment deemed  
necessary by Dr. \_\_\_\_\_ or \_\_\_\_\_  
(preferred physician, phone) (preferred dentist, phone)

or in the event the appropriate practitioner is not available, by other licensed physician or dentist;  
and (2) the transfer of the above named child to \_\_\_\_\_ or  
(preferred hospital)  
any other hospital accessible.