

St. Mary Magdalen School Summer Extension Program Registration & Emergency Form

Student(s) Names: _____
 Parent's Name(s): _____
 Home Address: _____
 Home Phone: _____ Other: _____
 E-mail: _____

PARENT or GUARDIAN BUSINESS ADDRESS & TELEPHONE:

(The following numbers may be used in case of emergency)

Mother's Name: _____ Work Phone: _____
 Company Name: _____ Cell Phone: _____
 Business Address: _____

Father's Name: _____ Work Phone: _____
 Company Name: _____ Cell Phone: _____
 Business Address: _____

In the event of an apparently serious emergency, illness or accident, etc., in which I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence. They may also release my student(s) from Extension.

Name: _____ Home Phone: _____
 Address: _____ Other Phone: _____

Name: _____ Home Phone: _____
 Address: _____ Other Phone: _____

Name: _____ Home Phone: _____
 Address: _____ Other Phone: _____

The following person(s) may NOT pick up my student(s):

SPECIAL INSTRUCTIONS: Please note any special medical circumstances regarding your child (Asthma, allergies, etc.):

Please circle the week/s you would like to reserve for Summer Care.

6/14-6/16	6/19-6/23	6/19-6/23	6/26-6/30	6/26-6/30
\$170.00	3 day: \$185.00	5 day: \$260.00	3 day: \$185.00	5 day: \$260.00

PARENT/GUARDIAN SIGNATURE	DATE