

Registration Fee _____
Hand-out _____

REGISTRATION OF STUDENTS

For Totus Tuus Day Program

Monday, July 10th, 2017 through Friday, July 14th, 2017

REGISTRATION DEADLINE IS Wednesday, JULY 5, 2017

Name of 1st Student: _____ School Attended: _____ Grade (2017-18yr) _____
Name of 2nd Student: _____ School Attended: _____ Grade (2017-18yr) _____
Name of 3rd Student: _____ School Attended: _____ Grade (2017-18yr) _____
Name of 4th Student: _____ School Attended: _____ Grade (2017-18yr) _____
Current Mailing Address: _____ Zip Code _____

Current Telephone Number: _____

PARENT INFORMATION

Mother's Name: _____ E-mail: _____

Mother's Address: _____

Mother's Telephone Numbers: _____ Home _____ Work _____ Cell _____

Father's Name: _____

Father's Address: _____

Father's Telephone Numbers: _____ Home _____ Work _____ Cell _____

IN CASE OF AN EMERGENCY--Person who can be contacted to pick up child:

Name: _____

Address: _____

Telephone: _____ Relationship to child: _____

Insurance Company _____ Policy Number _____

Doctor's Name _____ Phone _____ Hospital Preference _____

Please list by child any medical information which may be helpful (allergies, diabetes, asthma, etc.)

Child One Name: _____ Notes: _____

Child Two Name: _____ Notes: _____

Child Three Name: _____ Notes: _____

Child Four Name: _____ Notes: _____

All medications except inhalers must be turned in to Totus Tuus volunteers to be kept in a secure location.

Please visit directly with the Totus Tuus coordinator about any serious conditions that require close supervision.

Parental Consent for Child to Attend Totus Tuus Program:

(Parent's Signature)

(Date of Signature)

Volunteer Opportunities (please check the areas where you would like to help):

Working in the cafeteria (8:15am - 2:30pm) Providing juice or kool-aid Providing Housing for 2 team members

Providing a noon meal for team members and priests Providing an evening meal for the team and priests

Catholic? Yes _____ No _____