

Registration Fee \_\_\_\_\_  
Hand-out \_\_\_\_\_

# REGISTRATION OF STUDENTS

## For Totus Tuus Day Program

Monday, July 9th, 2018 through Friday, July 13th, 2018

**REGISTRATION DEADLINE IS Thursday, JULY 5, 2018**

Name of 1st Student: \_\_\_\_\_ School \_\_\_\_\_ Attended: \_\_\_\_\_ Grade (2018-19yr) \_\_\_\_\_  
Name of 2nd Student: \_\_\_\_\_ School \_\_\_\_\_ Attended: \_\_\_\_\_ Grade (2018-19yr) \_\_\_\_\_  
Name of 3rd Student: \_\_\_\_\_ School \_\_\_\_\_ Attended: \_\_\_\_\_ Grade (2018-19yr) \_\_\_\_\_  
Name of 4th Student: \_\_\_\_\_ School \_\_\_\_\_ Attended: \_\_\_\_\_ Grade (2018-19yr) \_\_\_\_\_  
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

Please complete form on the other side----->

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

**Catholic?** Yes\_\_\_\_\_ No\_\_\_\_\_