

## Registration and Permission Form for Totus Tuus

**FAMILY LAST NAME** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**PARENT INFORMATION:**

**Mother:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_ **Father:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**GUARDIAN/S ALLOWED TO PICK UP CHILD:**

\_\_\_\_\_

**IN CASE OF EMERGENCY:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

CHILD'S FIRST NAME	SEX (M/F)	GRADE FALL 2017	Allergies/Medical Conditions, include ADD, ADHD, etc. Please be specific. Include possible reactions. <i>Volunteers can't administer ANY medication.</i>	SACRAMENTS MADE BAPTISM/RECONCILIATION/ FIRST EUCHARIST <i>Code: B/R/E</i>	T-SHIRT SIZE (Optional) \$10	REG. FEE GR 1-6 \$25 GR 7-12 \$10	TOTAL Reg + Tshirt
<b>Include cash or a check payable to "St. Raphael".</b>							<b>GRAND TOTAL</b>

**T-SHIRT SIZES**

Youth: Code

S (6-8) YS

M (10-12) YM

L (14-16) YL

Adult:

Small AS

Medium AM

Large AL

X-Large AX

2 X-Large A2X

**VIDEOTAPING AND STILL PHOTOGRAPHS:**

This authorization form constitutes permission for my child(ren)'s participation in the videotaping and/or photographs which may be taken during the program. They may be used for future promotional efforts, including Diocese of Joliet Publications, Social Media, and our Website.

\_\_\_\_\_  
Parent Signature Date

**Parental consent for child(ren) to participate in the Totus Tuus program:**

\_\_\_\_\_  
Parent Signature Date

**TOTUS TUUS NEEDS YOUR HELP!!**

**There are a variety of ways you as a parent can help out:**

- Hosting 2 team members in your home for the week, Sat. evening to Sat. morning
- Having the team for dinner one evening, Sun.–Thurs. at 5:15 PM
- Providing lunch for the team one day, Mon.–Fri. after Mass
- Helping during the day/evening sessions

**\_\_\_ Contact me! I would like to help!**

**Name/Phone** \_\_\_\_\_