

REGISTRATION AND PERMISSION FORM FOR TOTUS TUUS 2019

Name of Children: *(Please check those sacraments that each child has received)*

ENTERING GRADE 1-6

- | | | | | |
|----------|-------------------|---------------|------------------|---------------------|
| 1. _____ | GRADE 19-20 _____ | BAPTISM _____ | CONFESSION _____ | 1ST COMMUNION _____ |
| 2. _____ | GRADE 19-20 _____ | BAPTISM _____ | CONFESSION _____ | 1ST COMMUNION _____ |
| 3. _____ | GRADE 19-20 _____ | BAPTISM _____ | CONFESSION _____ | 1ST COMMUNION _____ |
| 4. _____ | GRADE 19-20 _____ | BAPTISM _____ | CONFESSION _____ | 1ST COMMUNION _____ |
| 5. _____ | GRADE 19-20 _____ | BAPTISM _____ | CONFESSION _____ | 1ST COMMUNION _____ |

ENTERING GRADES 7-12

- | | | | | | |
|----------|-------------------|---------------|------------------|---------------------|--------------------|
| 1. _____ | GRADE 19-20 _____ | BAPTISM _____ | CONFESSION _____ | 1ST COMMUNION _____ | CONFIRMATION _____ |
| 2. _____ | GRADE 19-20 _____ | BAPTISM _____ | CONFESSION _____ | 1ST COMMUNION _____ | CONFIRMATION _____ |
| 3. _____ | GRADE 19-20 _____ | BAPTISM _____ | CONFESSION _____ | 1ST COMMUNION _____ | CONFIRMATION _____ |
| 4. _____ | GRADE 19-20 _____ | BAPTISM _____ | CONFESSION _____ | 1ST COMMUNION _____ | CONFIRMATION _____ |
| 5. _____ | GRADE 19-20 _____ | BAPTISM _____ | CONFESSION _____ | 1ST COMMUNION _____ | CONFIRMATION _____ |

Student Address:

_____ CITY _____ BEST PHONE # _____

Parent Information:

MOTHER'S NAME _____ PHONE # _____
FATHER'S NAME _____ PHONE # _____
EMAIL _____

In Case Of Emergency:

NAME _____ RELATIONSHIP _____
PHONE # _____ PLEASE LIST ANY MEDICAL INFORMATION WHICH MAY BE HELPFUL (ALLERGIES, DIABETES, ASTHMA) AND NAME OF CHILD _____

Parental consent for children to participate in the Totus Tuus program.

PARENTS SIGNATURES _____ DATE _____

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 the Diocese of St. Louis.

PARENTS SIGNATURES _____ DATE _____

T-shirts (Grades 1-6)

Please note that t-shirts may not be available on the first day. Cost for t-shirts is included in the registration fees.

PLEASE SELECT THE SIZE T-SHIRTS FOR EACH REGISTERING STUDENT.

YOUTH: SIZE: S 6-8 _____ M 10-12 _____ L 14-16 _____ XL 18-20 _____ ADULT SIZES: S _____ M _____ L _____ XL _____

Registration Fees:

_____ # OF 1-6TH GRADE YOUTH X \$40 EACH (OR \$80 FOR 2+) _____ TOTAL

** MAKE CHECKS PAYABLE TO YOUR PARISH. MEMO: "TOTUS TUUS"

We need your help! Please indicate whether you'd be willing to...

- ____ HOST 2 TEAM MEMBERS IN YOUR HOME FOR THE WEEK, SAT-SATURDAY
____ HAVE THE TEAM FOR DINNER ONE EVENING SUN-THURS 5:15
____ PROVIDE LUNCH FOR THE TEAM ONE DAY, MON-FRI AFTER MASS
____ HELP DURING THE DAY/EVENING SESSIONS (NAME _____)