

**Due by May 31st!**

# Totus Tuus 2019 Registration Form

## Holy Family Catholic Church

Family name: \_\_\_\_\_ Parent(s) name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/work phone: \_\_\_\_\_

If someone other than a parent will be picking up, please list their name and phone number:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of emergency, person other than parent who can be contacted to pick up child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

1. Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Health issues/needs/medication(s)\* \_\_\_\_\_

2. Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Health issues/needs/medication(s)\* \_\_\_\_\_

3. Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Health issues/needs/medication(s)\* \_\_\_\_\_

4. Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Health issues/needs/medication(s)\* \_\_\_\_\_

I hereby give permission for my child(ren)/ward(s) to participate in Totus Tuus at Holy Family Catholic Church in Rockford, IL, June 23-27 (Grades 7-12)/June 24-28 (Grades 2-6), 2019. I hereby release and indemnify the Dioceses of Rockford and its Bishop, Holy Family Catholic Church, the staff and volunteers, and the Totus Tuus team from all claims for personal injuries or property damage that my child(ren) may suffer while participating in this program.

**I hereby give permission for any photography which include my child(ren) to be used in various parish communication and in the diocesan newspaper. Yes \_\_\_ No \_\_\_ Please initial \_\_\_**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_ I would be able to help at lunchtime (12-1 p.m.) during one or more of the daytime sessions

\_\_\_ I would be able to bring in Kool-Aid/Lemonade mix

\_\_\_ I would be able to provide lunch for the Totus Tuus team (4 young adults)

\_\_\_ I would be able to have the Totus Tuus team over for dinner one night (dinner is at 5:15 p.m.)

\_\_\_ I would be able to bring a package of cookies to share for snack

Cost: Grades 2-6: \$35 per child; Grades 7-12: \$15; maximum \$80 per family. Please make checks payable to: Holy Family

**\*All medications except inhalers must be turned into Totus Tuus volunteers to be kept in a secure location. Please notify the parish coordinator Grace Heim about any serious conditions that require close supervision.**