



Totus Tuus Student Registration and Permission Form

Name of Student: _____

Current Mailing Address: _____

City/Town: _____ Postal Code _____ Phone #: _____

School Attending: _____ Grade (next Fall): _____

PARENT INFORMATION

Mother's Name: _____ Email: _____

Mother's Address: _____

Mother's Telephone: (H) _____ (W) _____

Father's Name: _____ Email: _____

Father's Address (if different from mother's): _____

Father's Telephone: (H) _____ (W) _____

EMERGENCY CONTACT & MEDICAL INFORMATION

Person who can be contacted to pick up child

Name: _____ Relationship: _____ Telephone: _____

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

All medications except inhalers must be turned into Totus Tuus volunteers to be kept in a secure location. Please notify the Totus Tuus Parish Coordinator about any serious conditions that require close supervision. *Permission is required for an adult to administer an EpiPen.*

Does your child have a serious learning disability? (e.g. Autism, ADHD)? [] Yes [] No

If Yes, 1 on 1 parental or adult supervision must be assigned to the child during the day.

I give consent for my child to participate in the Totus Tuus Program this summer.

Parent/Guardian's Signature Date

T-SHIRT SIZE (Included in Registration Fee)

Please circle one: Youth: S M L XL

Adult: S M L XL