

Totus Tuus 2016 Registration Form
Cathedral of St. Peter, Rockford IL

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: _____ Phone: _____

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: _____ Birth date: _____ Grade Fall('15): _____
Health issues/needs/medication*: _____

2. Child's name: _____ Birth date: _____ Grade Fall('15): _____
Health issues/needs/medication*: _____

3. Child's name: _____ Birth date: _____ Grade Fall('15): _____
Health issues/needs/medication*: _____

I hereby give permission for my child(ren)/ ward(s) to participate in Totus Tuus at Cathedral of St. Peter Catholic Church in Rockford, IL, June 12-June 16 (Jr. High School)/June 13-June 17 (elementary), 2015. I hereby release and indemnify the Dioceses of Rockford and its Bishop, Cathedral of St. Peter 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 photographs which include my child(ren) to be used in various parish communications and in the diocesan newspaper. Yes ____ No ____ Please Initial _____

Signature of parent/guardian

Date

___ I would be able to house 2 women/ or 2 men and provide a continental breakfast.

___ I would be able to help at lunch (12-1pm) during one or more of the daytime sessions.

___ My registered teen would also like to volunteer during 1 or more of the daytime sessions. _____

___ 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 5:15pm)

___ I would be able to bring a package of cookies to share for snack & 80 paper napkins(bring first day)

___ I would be able to bring in Kool-Aid/Lemonade mix and 80 paper cups,(bring first day)

Please make checks payable to: Cathedral of St. Peter

Cost: Grades 1-6: \$30 per child, Grades 7-12: \$15; maximum \$60 per family

Amount enclosed: _____

** All medications except inhalers must be turned into Totus Tuus volunteers to be kept in a secure location. Please notify the parish coordinator Nancy Spahr 815-965-2765 about any serious conditions that require close supervision.*