



**Totus Tuus 2017 Student Registration and Permission Form**

Name of Student: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone #: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade (**Fall 2017**) \_\_\_\_\_

**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.)

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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 2017 Totus Tuus Program.

\_\_\_\_\_  
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