Totus Tuus \*Totally Yours\*

Registration and Release Form

**Totus Tuus Program**

**Totus Tuus for grades 1-6 meets on Monday-Friday from 9:00am-2:30pm** for classes, games, skits, lunch, and recess.

**Totus Tuus for grades 7-12 meets on Sunday-Thursday from 7:00-9:00pm** for classes, games, snacks, and activities in the Church. Thursday evening activity will take place at Sky Zone (11745 Commons Dr Springdale, OH 45246) and ***no transportation*** will be provided by the parish.

Church Agency : Saint Ignatius of Loyola Usual Location: School (Day) Hilvert (Evening)

Starting Date**: June 23rd** Ending Date: **June 28th** Registration Fee: $30

Group Leader : Emily Branscum Telephone No: 513-661-6565 ext. 2711

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| --- | --- | --- | --- |
| **Name of Student(s)** | **Date of Birth** | **Grade Entering** | **School**  |
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**Registration Fee is $30 per child**

**Medical/Liability Information — Completed by Parent or Guardian — Please Print**

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Soc. Sec. No. \*

Home Address City Zip

Chronic Conditions (e.g. epilepsy, diabetes)

Allergies/Medications

Other information we should know about your child

Parent/Guardian Place of Employment

Parent or Guardian Contact No. (c) (h) (w)

E-mail Address (Notification sent for cancellation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone No. (c) (h)

Medical Insurance Co. Policy No.

Member’s Name Phone No. (h) (c)

Member’s Birth date / / Member’s Soc. Sec. No. \*

Family Doctor Phone No.

\* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.