

2019 Totus Tuus Registration-St. Vincent de Paul Parish

Grades 1 - 8 attend June 3rd-7th (M-F) from 9 am to 3 pm

High School Teens attend June 2-6th (Su-Th) 8-10 pm

Each family is asked to provide **2 dozen cookies** for snacks (TOTALLY NUT-FREE INGREDIENTS).

Please bring on Monday. (We will freeze if necessary to use later in the week.)

RETURN FORMS & PAYMENT TO CCD OFFICE

Complete One Form Per Family

Last Name: _____ Mother's Name: _____ Work or Cell Phone: _____

E-mail: _____ Father's Name: _____ Work or Cell Phone: _____

Address: _____ Zip: _____ Home Phone: _____

Emergency Contacts:
(Provide names and Phone numbers)

Child's Name	Sex M/F	School Attending	Grade entering Fall '19	Tuition	\$25 per student Grades 1 - 8 \$25 per High School Teen
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
Make checks payable to St. Vincent de Paul Church (non-refundable)				Total Amount	\$ _____

COMPLETE BOTH SIDES OF THIS FORM

INFORMATION ABOUT YOUR CHILD

Please let us know if any of your children have special needs (allergies, diabetes, learning or behavioral difficulties, medical, speech/language, etc.) **NOTE:** All meds, except inhalers, must be given to the Totus Tuus Team to be kept in a secure location.

WE NEED YOUR HELP (We will have one team of 4 —(2 males & 2 females—college age)

___ I can be a host family to house 2-4 team members (males or females)

___ I can provide lunch for 4 team members (and possibly Deacon & Msgr.) on : Mon Tue Wed Thurs Fri
(please circle preferences)

___ I can host the team for an evening meal on: Sat Sun Mon Tue Wed Thurs - Meal to be served at 6:00 pm
(Or provide a gift card to feed the team.)

___ I can assist with the snack break at 10 am (be here by 9:30 am to set up) on: Mon Tues Wed Thurs Fri

___ I can assist with supervising the lunch hour and wipe down tables, etc. on: Mon Tues Wed Thurs Fri

___ I have a high school student who would love to help (daytime) for service hours. Name: _____

___ I will donate a case of bottled water to be used for the teams (Please take to kitchen the beginning of the TT Week)

In case of accident or serious illness, I request that the Totus Tuus staff contact me. If the Totus Tuus staff is unable to reach me, I authorize the Totus Tuus staff to take whatever action is deemed necessary.

Preferred # to call: _____

Signature _____ Dated: _____