

Totus Tuus Summer Program



Totus Tuus is a unique fun-filled program that features a team of college age students who will engage our youth with a week-long program about faith with skits, songs and inspiring, interactive teaching. **They will be here the week of June 21-26 at IC Parish Center.**

This will be the third year that St. James and Immaculate Conception Parishes have offered the "Totus Tuus" program to children in grades 1 through 12. Call Judy Cullen at 847-432-5720 with any questions. If you are interested, please complete and return the form below to the Religious Education office with your payment **by June 12.** Make checks payable to St. James PREP.

Grade School Program

Students entering Grades 1-6
Monday to Friday, June 22-26, 2009
From 9:00 a.m. to 3:00 p.m.
Children bring sack lunches and beverages.

Jr. High and High School Program

Students entering Grades 7-12
Sunday to Thursday, June 21-25, 2009
From 7:00 p.m. to 9:00 p.m.

*Have Fun
with our
Catholic
Faith!*

T-SHIRT ORDER \$10.00 each (please include with registration fee)

Youth Size	Quantity	Adult Size	Quantity
6/8	_____	S	_____
10/12	_____	M	_____
14/16	_____	L	_____
18/20	_____	XL	_____

Totus Tuus Student Registration and Permission Form

Name of each child in program _____ Grade in Sept. 2009 _____

Current Mailing Address: _____

Current Phone #: (____) _____

PARENT INFORMATION:

Mother's Name: _____

Mother's Address (if different from above): _____

Mother's Phone #: Home - _____

Work—_____

Father's Name (if different from above): _____

Father's Phone #: Home - _____

Work—_____

EMERGENCY INFORMATION:

Person who can be contacted to pick up child:

Name: _____

Relationship: _____

Phone # _____

Cell # _____

Allergic to medication or other? No Yes (circle one)

If yes, name child and please describe: _____

Medications (s) each child is taking on an ongoing basis: _____

INSURANCE INFORMATION:

Policy in the name of _____

Insurance Company _____

Policy Number: _____

Authorized Physician: _____ Phone: _____

In case of emergency Contact: _____ Phone: _____

I grant permission for the administration of First Aid to my child(ren) _____, by the people in charge of the St. James Totus Tuus Program in the event that I am not in attendance, as their judgment deems advisable, and to make the necessary referrals to qualified physician for the treatment of illness or accidents of more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Videotaping and Still Photographs: Video and still photographs may be taken during the session. This authorization constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Totus Tuus website.

Parental Consent for child to attend Totus Tuus Program:

Parent's Signature _____

Date _____