DAY PROGRAM

OPEN TO 1ST - 6TH GRADE
MONDAY, JULY 21ST - FRIDAY, JULY 25TH
9:00 AM - 2:30 PM
(FRIDAY 3 PM PICK UP AT THE POOL)

"TOTUS TUUS HELPED ME SEE MY FAITH IN A NEW WAY—IT WASN'T JUST RULES, IT WAS A RELATIONSHIP."

"I DIDN'T KNOW LEARNING ABOUT JESUS COULD BE SO FUN!"

"I MADE NEW FRIENDS AND LEARNED HOW TO PRAY THE ROSARY."

"I USED TO FEEL ALONE IN MY FAITH. TOTUS TUUS SHOWED ME I'M NOT."

"MY FAVORITE PART WAS THE WATER FIGHT —BUT I ALSO LOVED LEARNING THE SONGS AND PRAYERS."

EVENING PROGRAM

OPEN TO 7TH - 12TH GRADE
SUNDAY, JULY 20TH - THURSDAY, JULY 24TH
6:30 PM - 8:45 PM

TOTUS TUUS
TOTALLY YOURS

July 20th - July 25th, 2025

Totus Tuus is a vibrant, week-long Catholic program—like Vacation Bible School, but deeper—designed to help kids and teens fall in love with Jesus and grow in their Catholic faith through:
Dynamic Catechesis ✨ Joyful Evangelization ✨ Powerful Eucharistic Worship ✨ Authentic Christian Witness

Volunteer Opportunities – Be a Part of Something Eternal!

We need joyful hearts and helping hands to make Totus Tuus a success from July 19–25, 2025:

Host Homes Needed

Host a missionary team from Saturday, July 19, to Friday, July 25
One home for two men, one for two women
Provide a separate sleeping area & breakfast daily

Chaperones

Monday–Friday, July 21–25 | 8:30 AM – 2:30 PM (until 3 PM Fri
3 chaperones needed each day
Must be 18+ with completed background check & training

Kitchen Helpers

2 helpers daily to prep snacks & distribute lunches

Meal Providers

Provide lunch and dinner for the team from Sunday dinner through Friday lun
Deliver lunch by 11:30 AM to Hynes Hall, dinner by 5 PM to the Gathering Space

This is more than a week of faith-filled fun—it's a chance to plant seeds of faith that will last a lifetime.
Help us build the Kingdom of God in the hearts of our young people.

📩 To volunteer, contact Jayden Burke at dbqrt4@dbqarch.org or (641) 394-2105

#TotusTuus #FaithInAction #CatholicYouth #ServeWithJoy #KingdomBuilders

Off-site/Field Trip Permission Form

School/Parish/Program Name Good Shephered Cluster Totus Tuus 2025

Date Event Approved by Supervisor 07/25/2025

Person in Charge: Jayden Burke Grades: 1st-12th

Event and Purpose: Pool Trip (Parents should pick their child up at the pool)

Date(s) of Event: 7/25/2025 Departure Time: 1:30 Time of Return: N/A

Cost of the Event: $7 or pool pass Form of transportation: Bus

If private passenger autos (volunteers) are specified, will you be able to drive?

_____ Yes*, I will be able to drive and accommodate ___ students (a seat belt is required for each student and no child is to be seated in the front seat of a car equipped with a passenger side airbag, unless old enough according to manufacturer's recommended age.) *Drivers will be notified after all slips are returned.

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ (student/participant) to attend this event. Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: _____ Date: _____

Contact Phone number(s) _____

Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (i.e. ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ Date: _____

Section 3 - Please list any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

_____

_____

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Please return this permission slip by Monday, July 7th, 2025

Supervisor's Signature _____

(Principal, C/DRE, Youth Director, Pastor, etc.)

This is the only permission slip that will be accepted for this Event

✂ ---------- ***Please detach and save for your information/reference*** ----------✂

Person in Charge: Jayden Burke Grades: 1st-12th

Event and Purpose: Pool Trip (Parents should pick their child up at the pool)

Date(s) of Event: 7/25/2025 Departure Time: 1:30 Time of Return: N/A

Cost of the Event: $7 or pool pass Form of transportation: Bus

Archdiocese of Dubuque

2024-2025 Annual Parental/Guardian Consent Form and Liability Waiver
Valid date signed through 8-31-25

This Consent Form and Liability Waiver is required for and serves both on-site programs and off-site/field trip events/activities for the stated program year. This form needs to be completed annually for each student. To obtain the needed permission, contact, emergency and medical information you are requested to supply the needed information. As the specifics of each off-site/field trip event are known you will be required to complete an *Off-site/Field Trip Permission Form* outlining the specifics of each activity. Please complete all sections.

Section 1 - Contact Information

Student/Participant's Name:_____

Birthdate: _____ Gender: Female ❑ Male ❑

Parent/Guardian's Name: _____

Home Address:_____

Home/Cell Phone: _____ Business/Cell Phone: _____

Section 2 - Off-site/Field Trip Consent Form and Liability Waiver

I, _____ , (Parent or Guardian's Name) grant permission for my child,

_____ (Name of Child) to participate in school/parish events this year that may require transportation to a location away from the school/parish site. The activities will take place under the guidance and direction of school/parish employees and/or volunteers of

_____ (Name of School/Parish).

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (" Participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors of

_____ (Name of School/Parish) and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events for reasonable attorney's fees and expenses which they may incur in any action I/we may bring against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Dubuque.

Signature: _____ Date: _____

Section 3 - Specific Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Item A - Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone:_____

Family Doctor: _____ Phone:_____

Family Health Plan Carrier: _____ Policy #: _____

Item B - Other Medical Treatment:
In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I want to be notified.

☐ Yes
☐ No
If Yes, Please call: _____

On-site Nonprescription Medication Permission - I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event a condition arises after my child is already in attendance at the on site program.

☐ Yes
☐ No

Item C - Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence. Check/explain all that are applicable to this student/participant.

☐ Allergic reactions (medications, foods, plants, insects, etc.):_____

_____

☐ Utilizes asthma or airway constricting prescription medication (see item 9.2 below)_____

☐ Has a medically prescribed diet? _____

☐ Any physical limitations? _____

☐ You should be aware of these special medical conditions of my child:_____

_____

_____

Signature: _____ Date: _____

THIS FORM REPLACES PREVIOUS VERSIONS AS OF DATE SIGNED

Administration of Medication - Archdiocesan Catholic School Board Policy 5141, items 9-10. (For Catholic School programs only)

9. Dispensing of prescription medication
    1. For Catholic schools - Dispensing of prescription medication will be administered by a nurse or designated party with training and with the written consent of parent(s)/guardian(s). Prescription medication must be provided to the school in the original labeled container containing the physician's name, name of the medication, and dosage/frequency to be given. A record of each dose of medication administered will be documented in the pupil's health record.
    2. Students utilizing asthma or airway constricting prescription medication are allowed to administer their own dosage provided a completed consent form is on file in the school/program office. Such forms must be filed annually.
    3. Contraceptives will not be dispensed. Iowa Code §280.16
10. Dispensing of nonprescription medication may occur, provided the parent/guardian have signed and dated an authorization identifying medication, dosage, and time interval to be administered. Nonprescription medications can be provided on off-site field trips if the parent/guardian signs a nonprescription medication authorization for each off-site field trip.

Totus Tuus 2025 Participant Registration Form

Good Shepherd Cluster

$25 per participant or $60 for three

Checks payable to Good Shepherd Cluster

Day Program (Grades 1-6)

Monday, July 21st- Friday, July 25th, 2025 9 AM-2:30 PM Holy Family, New Hampton

(Friday 9 AM- 3 PM, pick up at the New Hampton Pool)

Evening Program (Grades 7-12)

Sunday, July 20th-Thursday, July 24th, 2025 6:30 PM-8:45 PM

Holy Family Gathering Space, New Hampton

***Students entering Grade 7 have the option of attending the program of their choice! ***

Friday, July 25th, 1:30-3:00 PM at New Hampton Pool

If your child has a pool pass please make sure they have it, otherwise they should bring $7. Parents/guardians should pick up their child by 3:00 PM

Please return forms by no later than July 7th, 2025

Name of Parents/Guardians _____

Address:

_____

Email: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name(s) of Student(s)	**Allergies, Medications & Dosage, Medical Conditions, Food Restrictions**	**Grade in '25- '26**

ADDITIONAL EMERGENCY CONTACT INFORMATION:
Name and phone number of an adult to reach in case of emergency, in the event that you cannot be reached at the numbers above.

Name: _____

Relationship to Participant(s): _____

Phone Number _____

MEDIA RELEASE:

I hereby authorize the Archdiocese of Dubuque, the host parish(es), and their agents to utilize photographic and/or video images of me or my child. In giving my consent, I hereby indemnify and hold harmless the Archdiocese of Dubuque, the Good Shepherd Cluster, and their agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of my child or me be used.

_____ _____

Signature of Parent/Guardian Date

In addition to this registration form, a liability waiver/medical consent form must be completed for the Grades 1-6 Program and the Grades 7-12 Program. A liability waiver/medical consent form must be completed for each participant, please contact the parish office if you need additional liability waivers.

Also attached is a permission form for the trip to the New Hampton Pool on Friday, July 25th, 1:30-3 PM. Each child will need a signed permission form to go to the pool.

Parish Office (641)294-2105 Email: dbqrt4@dbqarch.org