Totus Tuus Registration

Parent/Guardian:			Event Loca	Event Location: Cell Phone: Home Phone:	
			Cell Phone:		
			Home Phon		
Mailing Address	:				
Emergency Con	tact (other	than paren	t):		
			Home Phon	e:	
Relationship:			Cell Phone:		
Home Phone:			Email:	_Email:	
Address:					
Youth Name	Birthdate	Grade ('23 -'24)	Home Parish	Medical Notes (Allergies, Medications, ADHD, Etc.)	
disabilities or behav child(ren). This info	ioral concerns	e, etc. so that to be kept strictly	the Totus Tuus teamy confidential.	us of any physical limitations, learning can be best prepared to minister to your great week with your student?	
Office use only:	for Totus			tudent or \$60 per family.	
Date:		Paid:		Received by:	