Totus Tuus 2019 Registration Form

St. Rita of Cascia Catholic Church, Aurora IL

Family name:	Parent(s) name(s):		
Address:	City:	State:	Zip:
Home phone:	Cell/work phon	ne:	
If someone other than a pare	nt will be picking up, please li	st their name and ph	ione number:
Name:		Phone:	
In case of emergency - person	n other than parent who can b	e contacted to pick (up child:
Name:		Relationship:	
Home phone:		Cell phone:	
1. Child's name:	Birth date:_	Gra	ade Fall('19):
Health issues/needs/medic	cation*:		
2. Child's name:	Birth date:	Gra	de Fall('19):
Health issues/needs/medic	cation*:		
Catholic Church in Aurora, IL, release and indemnify the Did staff and volunteers, and the that my child(ren) may suffer I hereby give permission for a	my child(ren)/ ward(s) to parti , June 16 - 20 (Jr. High School) oceses of Rockford and its Bish Totus Tuus team from all clair while participating in this pro any photographs which include ocesan newspaper. Yes	June 17-21 (elemer nop, St. Rita of Cascions ns for personal injur ogram. my child(ren) to be	ntary), 2019. I hereby a Catholic Church, the ies or property damage used in various parish
Signature of parent/guardian		Date	 e
I would be able to bring in would be able to bring in would be able to provide I would be able to bring a	-	n (4 young adults). or snack.	time sessions.
• •	to: Saint Rita of Cascia Catholi ld, Grades 7-8: \$10; maximum		

^{*} All medications except inhalers must be turned into Totus Tuus volunteers to be kept in a secure location. Please notify the parish coordinator Julieta Jacobo about any serious conditions that require close supervision.