



TOTUS TUUS 2017 Enrollment Form
Christ the King Catholic Church
June 18 - 23, 2017

FEE: For Grade School students (Currently in K-5 Grade) - \$20 Per child/Max \$50 per family (Please contact the parish if you need assistance). For Middle and High School students, registration is free.

Dates/Times:

- Current Grades K-5: Daily, Monday, June 19th through Friday, June 23rd, from 9 am - 2:30 pm.
- Current Grades 6 - 11: Nightly, Sunday, June 18th through Thursday, June 22nd, from 6:30 pm - 9 pm.

NAME OF PARENTS OR GUARDIANS _____

TELEPHONE: Home _____ Work _____

ADDRESS _____

Children being enrolled in TOTUS TUUS and their grade level for the 2016-17 school year: ONLY children who have completed grades K-11 are to be admitted (exceptions MUST be approved by DRE and TOTUS TUUS team leader).

NAME	GRADE	MEDICAL INFO TO BE AWARE OF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME AND PHONE NUMBER of an adult to reach in case of emergency in the event that parent cannot be reached at the numbers above.

Name _____ Phone Number _____

Throughout the week we will be taking pictures to publish information in the bulletin, CTK website, social media or local newspaper about Totus Tuus.

I give permission to have my children's or my name and photograph published in the above formats

I do not give permission to have my children's or my name and photograph published in the above formats.

Signature _____

Authorization to Consent to Treatment for Minor

I, the undersigned parent or legal guardian of children listed on this registration, who are minors, do hereby consent (in the event I cannot be reached) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and is to be rendered under the general supervision of a physician or surgeon. It is understood that this authorization is given in advance of any specific diagnosis of treatment being required. It is given to provide specific consent to any and all such diagnosis or treatment which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable and neither the physician, surgeon, or any organization involved assumes any financial responsibility for acting under the authority granted by this consent authorization.

In the event of any minor illness or injury during the above mentioned event, the undersigned hereby grants authority to be exercised at the discretion of any adult leader, to dispense over-the-counter medication (Tylenol, Pepto-Bismol, cough medicine, etc.) and/or administer first aid as needed. If you do not wish medication to be dispensed, please cross out and initial the preceding line.)

Insurance Information:

Signature of parent/guardian _____

Print name _____

Policy in the name of _____

Insurance Company _____ Policy Number _____

Office Use Only	
Tuition Fee: Cash	____ Check # _____
Donation Toward Totus Tuus Fund:	_____
Amount Paid: \$	_____ Date _____

