Totus Tuus Summer Faith Formation Program Registration

Parents' Name _____

Mailing _____

City_____ State_____ Zip _____

Home Phone_____ Cell _____

Email_____ Parish _____

Approval to use my child's(children's) photo on the web, bulletin or other publications ❑ **Yes** ❑ **No**

In case of emergency contact:

1. _____ _____ _____
contact name relationship to child phone number

2. _____ _____ _____
contact name relationship to child phone number

Please indicate t-shirt size using Y (youth) or A (adult) along with Sm., Med., Lg., XL

Child's Name_____ Date of Birth_____ Going into Grade _____
List allergies and/or other medical condition (s) _____T-Shirt size_____

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List allergies and/or other medical condition (s) _____T-Shirt size_____

We need families to host the team throughout the week by providing meals and/or lodging.
Yes, I am willing to provide: ❑ a meal ❑ lodging

We need parent volunteers available to help with supervision and serve beverages during breaks.
Yes, I am able to help with: ❑ Snack Break (9:45 a.m.) ❑ Lunch (Noon) ❑ Recess
❑ JR/SR High Break (8:30 p.m.) ___Sun ___Mon. ___Wed.

Classroom Aide/Daycare assistance (must be high school or older): ❑ Yes ❑ No
Weekday(s) available: ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

Potluck Supper Wed. evening: ❑ Set Up ❑ Clean Up
Donate morning snack and drink: ❑ Fruits ❑ Vegetables ❑ Cheese Crackers ❑ Cookies/Bars

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Mail this registration form with payment to:

Church of the Guardian Angels Attn: Fran
215 W. 2nd Street
Chaska, MN 55318