

**OFFICE OF FAITH FORMATION
YOUTH ENROLLMENT & PARENTAL PERMISSION FORM
TOTUS TUUS 2017**

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

TELEPHONE: Primary _____ Secondary _____

Children being enrolled in TOTUS TUUS and their grade level for the **2017-18** school year:

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

ADDITIONAL EMERGENCY CONTACTS: Please provide the name and phone number of two adults to reach in case of emergency in the event that you cannot be reached at the numbers above.

Name _____ Phone Number _____

Name _____ Phone Number _____

THIS PERMISSION FORM MUST BE SIGNED BY THE PARENT/GUARDIAN OF ALL YOUTH PARTICIPANTS

I/We, the parent/guardian(s) of the child(ren) listed above, request that my child(ren) be allowed to participate in the following activity, and do hereby grant permission for the child(ren) named above to participate in this activity:

Name of event: TOTUS TUUS

Location: ST. PAUL CATHOLIC CHURCH

Time frame: JULY 23-28

Signature of parent/guardian Date

Print name of parent/guardian Phone #