



# St Alphonsus & St Martin of Tours

## 2021 Totus Tuus (Vacation Bible School) Registration Form

FAMILY LAST NAME: \_\_\_\_\_ PARISH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER/GUARDIAN NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PRIMARY EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION (someone other than the child's parent/guardian):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### STUDENT INFORMATION

STUDENT NAME (FIRST AND LAST): \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE IN FALL 2021-22: \_\_\_\_\_

LIST ANY HEALTH/LEARNING CONCERNS/ALLERGIES/MEDICATIONS: \_\_\_\_\_

STUDENT NAME (FIRST AND LAST): \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE IN FALL 2021-22: \_\_\_\_\_

LIST ANY HEALTH/LEARNING CONCERNS/ALLERGIES/MEDICATIONS: \_\_\_\_\_

STUDENT NAME (FIRST AND LAST): \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE IN FALL 2021-22: \_\_\_\_\_

LIST ANY HEALTH/LEARNING CONCERNS/ALLERGIES/MEDICATIONS: \_\_\_\_\_

### TUITION RATES AND PAYMENT

- Grades 1—6: \$50 per child; Grades 7-12: \$25 per child. Payment can be made with cash or check (made payable to St Alphonsus CF). Payments should be sent to: St Alphonsus Christian Formation, 5960 W Loomis Rd, Greendale, WI 53129.

### AUTHORIZATIONS

I hereby consent that all still or electronic image and/or audio recording, in which I or my child may appear, may be used by Totus Tuus, St Alphonsus and St Martin of Tours, and/or the Archdioceses of Milwaukee. I understand that these materials are being used for promotion of Totus Tuus and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization and other communication efforts.

I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/these photographs.

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I consent to the participation of my child/ward in the St. Alphonsus & St. Martin of Tours Totus Tuus program. In consideration for my child/ward's participation, I agree to reimburse and indemnify the parishes (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by the parishes in defending a lawsuit that I or my child/ward may bring against the parishes which relates to Totus Tuus if the parishes are found not legally liable by the courts and prevails in the lawsuit. If the parishes are found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with Totus Tuus. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parishes to clarify if any concerns or questions about Totus Tuus or this agreement that I have had.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_