



TOTUS TUUS *of* JOLIET



SUMMER CATECHETICAL YOUTH PROGRAM ST. PETER THE APOSTLE JUNE 26 - JULY 1

GRADES 1–6

Monday–Friday
9:00AM to 2:30PM
Cost: \$50/child

GRADES 7–12

Sunday–Thursday
7:00PM to 9:00PM
Cost: \$10/teen

DAILY MASS at 11:15AM

Monday–Friday

PARISH POTLUCK DINNER

Saturday, June 25th

6:00PM

Margaret Woods Hall

WHAT IS TOTUS TUUS?

Totus Tuus is a fun and energetic Catholic youth program taught by seminarians and college students throughout the Diocese of Joliet. From catechetical teaching sessions, Sacraments, and Mass to songs, games and skits - your child is sure to have fun while learning more about their Faith!

Totus Tuus seeks to inspire in young people a true longing for holiness, a deep desire for daily conversion, and an openness to their vocation by constantly challenging them to give themselves entirely to Christ through Mary and by continually strengthening their prayer lives in imitation of Her.

TOTALLY YOURS

Totus Tuus, a Latin phrase meaning “totally yours,” was the motto of St. John Paul II. Taken from St. Louis de Montfort’s *True Devotion to Mary*, it signifies our desire to give ourselves entirely to Jesus Christ through the hands of our Blessed Mother Mary. It also expresses our effort to give all that we have to every young person we encounter.

CURRICULUM

Theme: Prayer & the Our Father

Rosary: Luminous Mysteries

WHAT TO BRING

GR. 1-6: Lunch, Snack, Water Bottle, Jump Rope, Ball, etc for Recess

GR. 7-12: Snack, Water Bottle

CHECK IN

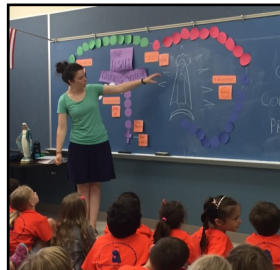
8:45AM

REGISTRATION FORM DROP OFF

Parish Office, Attn: Totus Tuus

Contact: Toni Pietrowski 630-773-1272

**REGISTER NOW &
INVITE A BUDDY!**



Registration and Permission Form for Totus Tuus

FAMILY LAST NAME _____ Address: _____ City: _____ Home Phone: _____

PARENT INFORMATION:

Mother: _____ Work/Cell Phone: _____ Father: _____ Work/Cell Phone: _____ Email: _____

GUARDIAN/S ALLOWED TO PICK UP CHILD:

IN CASE OF EMERGENCY:

Name: _____ Relationship: _____ Telephone: _____

CHILD'S FIRST NAME	SEX (M/F)	Grade Fall 2022 & Current Age	Allergies/Medical Conditions Include ADD, ADHD, possible reactions, etc. Please be specific. Volunteers don't administer medication. Contact Parish Coordinator with concerns.	SACRAMENTS MADE BAPTISM/RECONCILIATION/ FIRST EUCHARIST Code: B/R/E	T-SHIRT SIZE (Optional) \$10	REG. FEE GR 1-6 \$____ GR 7-12 \$10	TOTAL Reg + Tshirt
GRAND TOTAL							

T-SHIRT SIZES

Youth: Code
 S (6-8) **YS**
 M (10-12) **YM**
 L (14-16) **YL**
 Adult:
 Small **AS**
 Medium **AM**
 Large **AL**
 X-Large **AX**
 2 X-Large **A2X**

Cash payment enclosed

Enclosed is a check payable to "St. Peter the Apostle"

Payment made electronically - click here to pay using [GiveCentral](#)



****Release form required (see following page)****

I have completed the required, separate release form and signed this parental consent below for the children listed above to participate in the Totus Tuus program.

Parental consent for child(ren) to participate in the Totus Tuus program:

Parent Signature

Date

TOTUS TUUS NEEDS YOUR HELP!!

There are a variety of ways you as a parent can help out:

- Hosting 2 team members in your home for the week, Sat. evening to Sat. morning
- Having the team for dinner one evening, Sun.–Thurs. at 5:15 PM
- Providing lunch for the team one day, Mon.–Fri. after Mass
- Helping during the day/evening sessions

____ Contact me! I would like to help!

Name/Phone _____



Participant Name	FIRST	LAST	
Address		City	Zip
Parent Name	Parent / Guardian 1	Name Parent/Guardian 2	
Parent Cell		Cell Parent/Guardian 2	
Parent Email	Parent / Guardian 1	Teen Cell - (HS Students ONLY)	
Parish Name		City	Zip
School Attending		City	Zip
Date of Birth		Age	Grade M F

GENERAL PERMISSIONS

I request that my child: _____
be allowed to participate in: _____

I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.

Parent/Guardian initial _____ Participant initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: _____ by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES NO

If YES, please describe: _____

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ I.D.#

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Video/photos may be taken during this event. This authorization form constitutes permission for my child's participation in video and/or photos, which may be used for future promotional efforts, including the Parish and/or Diocese of Joliet website. *Additionally*, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmatic content. If you wish to opt out initial here:

Parent/Guardian initial to Opt Out of Photos _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ Relation _____

Name: _____

Phone: _____ Relation _____

Participant Signature		Date
Parent/Guardian Signature		Date