



Totus Tuus

What is it?

7/23- 7/28/2017

Totus Tuus (Totally Yours) is a fun and energetic parish based summer catechetical program, for grade school age children and middle school/high school youth. This program is run by a team of four college students/seminarians trained by the Diocese of Gary. They travel throughout the diocese during the summer stopping at various parishes where they spread the good news of Jesus Christ. Their youthfulness, energy, and ability to witness to the faith make the team members particularly effective with children and young people.

The grade school program (grades 1-6) runs Monday – Friday from 9:00 am – 2:30 pm. Throughout the day the team will lead catechetical instruction, songs, games, lunch, recess and more. The children will also attend daily Mass and have an opportunity for the Sacrament of Reconciliation. A final activity for the week is a large water fight with the children in celebration for the week. The focus is to impart an understanding and love of the Eucharist, devotion to Mary, catechetical instruction, vocational discernment and providing an enjoyable experience.

The middle school/high school youth program (grades 7-12) runs Sunday – Thursday from 7:30 pm – 9:30 pm. During the evening the team's goal is to put the youth in contact with the Lord so that they can develop a deep personal relationship with Him. There will be a night of Adoration and the opportunity for the Sacrament of Reconciliation. Topics important to young people will be discussed along with a night of fellowship and fun with the team members.

The team also likes to get to know the parish and its members. In order to do this, they stay with families of the parish, eat with different families throughout the week and invite the entire parish to a "potluck" meal on Sunday.

Throughout the years Totus Tuus has succeeded in reaching out to children and youth in order to help them know and love the Lord Jesus Christ. In addition to this, we have tried to help local parishes by providing a fun and strong catechetical program.

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Totus Tuus

What is it?

When? – 7/23 – 7/28/2017

Where? – St. Elizabeth Ann Seton Valparaiso, IN

Totus Tuus, a Latin phrase meaning “Totally Yours,” is a fun and energetic parish based summer catechetical program, for grade school age children and middle school/high school youth. This program is run by a team of four college students/seminarians trained by the Diocese of Gary. They travel throughout the diocese during the summer stopping at various parishes where they spread the good news of Jesus Christ. Their youthfulness, energy, and ability to witness to the faith make the team members particularly effective with children and young people.

Elementary School (Gr. 1-6)

- Monday-Friday 9:00 am – 2:30 pm
- This program consists of catechetical instruction, songs, games, daily Mass, Reconciliation, lunch, recess, and more!

Middle & High School (Gr. 7-12)

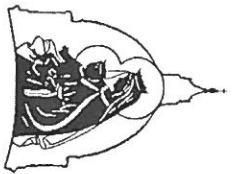
- Sunday-Thursday 7:30 pm – 9:30 pm
- This program consists of catechetical instruction, a night of Adoration and Reconciliation, a fun outing, a night of fellowship with team members, and more!

The goal of both programs is to help youth know the Lord and love Him more deeply.

~ Cost: \$20.00 per student (\$35 for families with 3 or more) ~

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***PLEASE RETURN STUDENT REGISTRATION, ADULT VOLUNTEER FORM (IF YOU WISH TO HELP), AND A MEDICAL FORM (PER CHILD IF NECESSARY) ALONG WITH PAYMENT TO ST ELIZABETH SETON FAITH FORMATION OFFICE BY THURSDAY, MAY 18 2017.
MAKE CHECKS PAYABLE TO: St. Elizabeth Seton***



Totus Tuus Student Registration

Consent to participate, Waiver and Release

Date _____

Student Name _____ Entering Grade in fall _____ D/O/B _____ Sex: F M

Student Name _____ Entering Grade in fall _____ D/O/B _____ Sex: F M

Student Name _____ Entering Grade in fall _____ D/O/B _____ Sex: F M

Student Name _____ Entering Grade in fall _____ D/O/B _____ Sex: F M

Parent/Guardian Name _____

Home Address _____

Street

City

State

Zip

Home Phone _____ Cell Phone _____

E-Mail _____

In case of an emergency, if I cannot be contacted at the address or phone provided above, please contact:

Name _____ Phone _____

OVER→→→→

Authorization and Waiver of Risk

I hereby agree and consent to my son(s)/daughter(s) _____ participating in Totus Tuus. I acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperone, as well as any and all other participating organizations, their officers, agents, representatives, employees, and volunteers from any and all responsibility and liability for any injury, claim, costs, or any other damages whatsoever which may result from my Child's participation in Totus Tuus. I further agree to assume full responsibility for the action of my Child as well as for the payment of any and all debts incurred by my Child during his/her visit and participation in Totus Tuus.

Authorization for Emergency Medical Treatment

I hereby agree and consent to my son(s)/daughter(s) _____ receiving emergency medical treatment in my absence should the need for such treatment arise during my Child's participation in Totus Tuus. Should the need for emergency medical treatment arise, the following health information pertaining to my Child is voluntarily disclosed:

Special Dietary Needs: _____

Medications: _____

Allergies: _____

Promotional Photographs

In the interest of promoting future activities, video and still photography may be taken during this event. This form constitutes written permission for my child's participation in the videotape and/or photographs, which may be used for future promotional efforts, including the Diocese of Gary website (names are not used in photos).

_____ I approve of my child's picture/video be used for future promotional efforts.

_____ I do not approve of my child's picture/video be used for future promotional efforts.

By signing this Consent to Participate, Waiver and Release, I hereby acknowledge that I have read and fully understand the provisions contained above, and I knowingly consent to my child(ren) participating in Totus Tuus and agree to be bound by the terms and provisions of this Consent to Participate, Waiver and Release.

Printed Names(s) of Custodial Parent(s)

Signature of Custodial Parent(s)



Totus Tuus

Adult Volunteer Form

Name _____
First Middle Last

Address _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Have you attended a Virtus Training Session? ☐ Yes ☐ No

Have you completed the Virtus Online Bulletins? ☐ Yes ☐ No

Have you completed a Background Check through the Diocese of Gary within the last 5 years? ☐ Yes ☐ No

Are you willing to complete a Virtus Training Session and a Background Check before July 22, 2017? ☐ Yes ☐ No

TOTUS TUUS (TOTALLY YOURS) GRADES 1-6

I am interested in volunteering to be: A CLASSROOM AIDE. My preference is to work with students in

_____ Grades 1 & 2 _____ Grades 3 & 4 _____ Grades 5 & 6

_____ the Morning Session 8:45-12:00 _____ the Afternoon Session 12:00-2:45 _____ All day

On the following days: JULY 24-28

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

TOTUS TUUS (TOTALLY YOURS) MIDDLE SCHOOL/SENIOR HIGH SCHOOL

I am interested in volunteering to be: A CLASSROOM AIDE. My preference is to work with students in...

_____ Middle School Grades 7 & 8 _____ High School Freshman through Seniors

These sessions are held from 7:30 pm -9:30 pm on the following days: JULY 23-27

_____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday



Totus Tuus Medication

My child _____ is currently taking
medication. *I understand that all necessary medication will be brought in well labeled
containers with the names of medication, and concise directions for seeing that the child takes
said medication(s), including dosage and frequency of dosage.*

Name of Medication(s): _____

Dosage: _____

Comments: _____

- ☐ My child will administer medication to him or herself.
- ☐ I allow parish staff/volunteers to administer medication to my child.

Signature: _____ Date: _____



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Signature: _____ Date: _____