



# TOTUS TUUS

## What is it?

7/19- 7/24/2020

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.



# TOTUS TUUS

WHERE?

St. Elizabeth Ann Seton Parish  
509 W. Division Rd.  
Valparaiso, IN 46385

## MORNING SESSION/July 20<sup>th</sup>-24<sup>th</sup>

**Who:** Students entering grades 1-6 in the fall:

Monday through Friday 9:00 a.m. – 2:30 p.m. Drop off time in a.m. 8:45-9:00 a.m.  
Pick up time is 2:30 p.m.

**Lunch:** Students bring a sack lunch including a drink Monday through Thursday.

Ice water and snacks will be provided.

Friday: We will provide lunch

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## EVENING SESSION/July 19<sup>th</sup>-23<sup>rd</sup>

**Who:** Students entering grades 7-12 in the fall:

Sunday through Thursday 7:30-9:30 p.m. Drop off time is between 7:15 -7:30 p.m.  
Pick up time is 9:30 p.m.

**Refreshments:** Snacks, ice water and juice will be provided.

Thursday evening includes an outing at Inman's Bowling which includes bowling, pizza and pop.

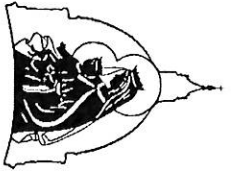
**Cost:** \$20.00 per child

\$40.00 for 3 or more children

**For more information Contact:** Deb Poturalski 219-462-2202 x230 or 630-908-9577

Jean Odinsonoff 219-462-2202 x228

**Registration Information on website:** [www.sseton.com](http://www.sseton.com) or in the lobby of the church.



# TOTUS TUUS Registration 2020

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 \_\_\_\_\_

# Totus Tuus

## Registration & Parental/Guardian Consent Form and Liability Waiver

Participant Name \_\_\_\_\_  
*First Middle Last*

Home address \_\_\_\_\_  
*Street City State Zip*

Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Grade in 2017—2018 School Year \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (name of parish/school), its officers, directors, employees and agents, and the Diocese of Gary, its employees, and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/school/diocese.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (Please Initial) **Photo Release:** Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Diocesan Director of Religious Education in writing to the contrary.

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

#1 Contact Name & Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#2 Contact Name & Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature \_\_\_\_\_ Date \_\_\_\_\_

No medication of any type whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Gary, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

No medication of any type whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR:**

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Specific Medical Information:** The parish/school will take reasonable care to see the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

\_\_\_\_\_

Does your child have a medically prescribed diet? \_\_\_\_\_

\_\_\_\_\_

Any physical limitations? \_\_\_\_\_

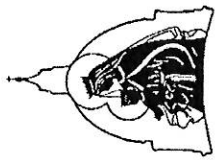
\_\_\_\_\_

Has child recently been exposed to contagious disease or conditions such as mumps, measles, Chicken pox, etc.?

If so, list date and disease or condition \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# TOTUS TUUS MEDICAL INFO 2020

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: \_\_\_\_\_



# TOTUS TUUS

## Volunteer Form 2020

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 by July 2020?  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 20-24

\_\_\_\_\_ 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 19-23

\_\_\_\_\_ Sunday      \_\_\_\_\_ Monday      \_\_\_\_\_ Tuesday      \_\_\_\_\_ Wednesday      \_\_\_\_\_ Thursday