

Enrollment Form TOTUS TUUS 2017

NAME OF PARENTS/GUARDIANS _____

ADDRESS _____

TELEPHONE

Home (____) _____ Work (____) _____ Cell (____) _____

Children being enrolled in TOTUS TUUS and their grade level for the **2017-2018** school year:

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

ADDITIONAL EMERGENCY CONTACT: Name and phone number of an adult to reach in case of emergency in the event that you cannot be reached at the numbers above.

Name _____ Phone Number (____) _____

Archdiocese of Omaha Permission to Publish

In an attempt to share information concerning the outstanding accomplishments of our youth, we will write articles, produce videos, and provide pictures for publication in various media, including, but not limited to, the Totus Tuus and diocesan Internet websites, an independently produced DVD, and the Catholic Voice. To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke permission at any time.

Please Check Below:

_____ I grant permission to the Archdiocese of Omaha and Totus Tuus to use the pictures and video of my child/children in positive media presentations.

_____ I DO NOT grant permission to the Archdiocese of Omaha and Totus Tuus to use the pictures and video of my child/children in positive media presentations.

Signature of Parent/Guardian

Date