

JOIN THE FUN

Our summer programs are designed to inspire young people to live a life of holiness and prayer. Totus Tuus (toe-tus two-us) means "Totally Yours" and it signifies our desire to give ourselves entirely to Christ.



TOTUS TUUS



2024

mon-fri

**JUN
3-7**

9 am-12:30 pm

VACATION BIBLE SCHOOL

↗ Rising Pre-K & K - Ages 4-5

\$10

per child

mon-fri

**JUN
3-7**

9 am-3 pm

TOTUS TUUS DAY PROGRAM

↗ Rising 1st-6th Graders

bring sack
lunch 

\$25

per child

mon-thu

**JUN
3-6**

7 pm-8:30 pm

TOTUS TUUS NIGHT PROGRAM

↗ Rising 7th & 8th Graders

\$10

per child

All activities are held on the campus of St. Patrick Church & School.

Cash or check payable to St. Patrick Church. The maximum fee per family is \$60. If the cost is a concern, please don't hesitate to discuss it with Fr. Brian during the registration process.

ADULT VOLUNTEERS ARE NEEDED & APPRECIATED!

Totus Tuus: Jackie Steckel
636-332-9225 ext. 227
youth@stpatsch.org



VBS: Rachel Henry
636-332-9225 ext. 1451
rhenry@stpatsch.org

STPATRICKWENTZVILLE.ORG/BIBLE-CAMPS

TOTUS TUUS (Rising 1st thru 8th graders) & VBS (4 & 5 year olds)

PARISH REGISTRATION FORM

Name of Parents/Guardians _____

Address _____ Email _____

Cell Phone #1 _____ Cell Phone #2 _____ Work Phone _____

Name(s) of Child(ren)	Allergies, Medications & Dosage, Medical Conditions, Food Restrictions	Grade in 2024-25	Fee Due \$60 per family max

ADDITIONAL EMERGENCY CONTACT INFORMATION: 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 _____

Name of Family Physician _____ Phone Number _____

Insurance Company _____ Policy # _____

Medical Authorization:

I understand that the Catholic Archdiocese of St. Louis, St Patrick Parish and Totus Tuus/VBS assume no responsibility for accidents which may occur in association with diocesan events and activities. I agree to use my/our personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for Participant as deemed necessary.

Permission for Other Medical Matters:

____ **YES**, in the event it comes to the attention of the Diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to Participant.

Release of Liability for Youth and Adults:

I understand all reasonable safety precautions will be taken at all times by the Archdiocese of St. Louis and Totus Tuus/VBS and its employees and agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Archdiocese of St. Louis and Totus Tuus/VBS, its leaders, employees and volunteer staff from any and all claims arising from or in connection with attending this event.

Code of Behavior for Youth and Adults:

I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Archdiocese of St. Louis or its chaperones/representatives.

Photo Release:

____ **YES**, I hereby authorize the Archdiocese of St. Louis, Totus Tuus/VBS, St. Patrick Parish and its agents to utilize photographic and/or video images of me or my child by the Archdiocese of St. Louis. In giving my consent, I hereby indemnify and hold harmless the Archdiocese of St. Louis, Totus Tuus/VBS, St. Patrick Parish and its agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of me or my child be used.

* VBS (4-5 yrs) and Totus Tuus Day (1st-6 th gr) programs run Monday-Friday, and Totus Tuus Night (7th-8th gr) program runs Monday-Thursday. Return cash or check (made payable to St. Patrick Church) to the event coordinators.

Signature of Parent/Guardian _____ Date _____