

TOTUS TUUS REGISTRATION FORM  
2017 ST. AUGUSTIN PARISH

PARENTS/GUARDIANS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Best Day time phone # \_\_\_\_\_

Best Nighttime phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Children being enrolled and their grade in the upcoming school year:

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

**REGISTRATION FEES**

(\$35 FOR 1<sup>ST</sup>-8<sup>TH</sup> GRADERS, \$10 FOR 9<sup>TH</sup>-12<sup>TH</sup> GRADES, MAX PER FAMILY \$80)

_____	x	\$35	=	_____
# Grade school students		parish fee		
_____	x	\$10	=	_____
# High school students		parish fee		
				TOTAL REGISTRATION FEE _____

If these registration fees are a burden for your family, please contact the RE office 255-1175 ext. 207

**Catholic Diocese of Des Moines Permission to Publish**

In an attempt to share the outstanding accomplishments of our youth, we will write articles, produce videos, and provide pictures for publication in various media. 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 Diocese of Des Moines and TOTUS TUUS to use pictures and video of my child/children in positive media presentations.

\_\_\_\_\_ I DO NOT grant permission to the Diocese of Des Moines and TOTUS TUUS to use pictures and video of my child/children in positive media presentations.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date