

**2026 Totus Tuus Registration: St. Anthony & St. Lawrence Parishes**

*A summer catechetical program for our youth*

Contact person: Faith Formation Coordinators (Lauren and Kara)

Email: [faithformationcoordinators@gmail.com](mailto:faithformationcoordinators@gmail.com)

**Grades 1-6 (as of 2026/27 School Year)**

**Monday—Friday, June 15-19;**

**8:00 AM Mass (Drop-off in front of St. Lawrence Church no earlier than 7:45 AM) to 1:30 PM (pick-up at St. Elizabeth Community Center)**

- Each child is asked to bring a package of snacks on Monday. The snacks will be shared throughout the week.
- Please send a water bottle each day for your child.

**Grades 7-12 (as of 2026/27 School Year)**

**Sunday-Thursday, June 14-18; 6:30 PM to 8 PM at St. Elizabeth Community Center**

- Each child is asked to bring a package of snacks on Sunday. The snacks will be shared throughout the week.

My Parish is (Check One) : \_\_\_\_\_ St. Anthony Parish \_\_\_\_\_ St. Lawrence Parish

Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Student Name</b>	<b>Grade 2026/27 School Year</b>	<b>Day or Evening Program (circle one)</b>
		Day / Evening
		Day / Evening
		Day / Evening
		Day / Evening
		Day / Evening

**Please list any special needs for your child/children (allergies, medical issues, learning/behavioral difficulties, etc.)**

**We appreciate parent volunteers! Please let us know if you can donate your time during the day or evening program.**  
**Parent Name:**  
**Day(s) Available to Help:**

**In case of an accident or serious illness, I request a team member or a volunteer contact me. If I am unable to be reached, I authorize the team or volunteers to take whatever action is deemed necessary. I also release St. Anthony & St. Lawrence Parishes, volunteers, and the Totus Tuus team of any liability while my children are attending Totus Tuus.**

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

**Photo Release:**

**\_\_\_ YES, I hereby authorize the Catholic Diocese of Jefferson City and Totus Tuus and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Jefferson City. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Jefferson City and Totus Tuus 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.**

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

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To register, please complete the form on the back and place it in the collection basket by **June 1st**.

You can also take a picture of the completed form & text it to 573-619-2655 or scan & email it to us at:

[faithformationcoordinators@gmail.com](mailto:faithformationcoordinators@gmail.com)

***Thank you!***