

St. Anthony Parish TOTUS TUUS July 11-16

Limited Attendance, First Registered receives the opening

Please Mail to Parish Office 15 Indianola Rd. Des Moines, 50315

1. Family Last Name _____ Today's Date _____

Father's name _____ Mother's name _____
(please include last names if different from child's last name)

2. Address _____ City/Zip _____

3. Phone Numbers: Home _____ Work #'s Father _____ Mother _____
Other Phone number's _____

4. E-mail address(s) _____

5. Emergency contacts in case you cannot be reached during TOTUS TUUS session:

Name	Phone	Relation to child
6. Is your family registered in St. Anthony Parish? () Yes () No		

7. Student Information: Please fill in all information completely. Include last names if different from parents.

Full Name	Last	Grade entering
First		
1 _____		
2 _____		
3 _____		
4 _____		

*List any special concerns (example, ADD, physical restrictions, allergies, other)

1st - 8th Grade runs Mon-Fri 9am to 3pm

High School runs Sun-Thurs 8pm to 10pm

Registration Fee:

\$20.00 per Child X # _____ = Total _____

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