St. Vincent de Paul Parish
Totus Tuus Registration Form 2026

14330 Eagle Run Dr. Omaha, NE 68164, Phone: (402) 493-1642

***Grades 1-6 (Fall Grade) meet Monday-Friday, June 8-12 from 9AM-2:30PM.** *(We have limited space. Once we are filed, we will have a waiting list.) Must be registered parishioners.*

***Grades 7-12 (Fall Grade) meet Sunday-Thursday, June 7-11 from 6:30PM-8:45PM.**

*To register, please complete registration form (one per family) and return with full payment to the Religious Formation Office by May 1.

PARTICIPANT INFORMATION			
First Name (Nickname) Last Name	**Grade Fall 2026**	**M/F**	**Health Concerns, Special Needs or Medications**

**Note: If your child needs an Epipen, please provide one on the 1st day of Totus Tuus to keep in the office. Place your Epipen in a Ziploc bag with your child's name and grade. Please pick back up in office on the last day of Totus Tuus.*

FAMILY CONTACT INFORMATION				
Parent Name(s)				
Home Address		**City**		**Zip**
Parent Email Address(s)				
Home Phone #	**Mother's Cell #**	**Father's Cell #**	**Mother's Work #**	**Father's work #**
Emergency Contact Name (other than parent)		**Emergency Contact Phone #**		

PLEASE COMPLETE OTHER SIDE >>>>>>

FEE INFORMATION						
▪ **Grades 1-6: $50 per child.** ▪ **Grades 7-12: No fee. However, we are asking participants to contribute $5 for food during the week.**						
# of Children Grades 1-6	**Fee Amount per Child**	**Subtotal**	**# of Children Grades 7-12**	**Amount Contributed**	**Subtotal**	**Total Amount**
	$50	**$**		**$**		**$**
☐ **Cash OR** ☐ **Check#** _____						

LIABILITY INFORMATION

Medical Information

Please check the following and provide your signature and date.

_____ **Consent to Contact in an Emergency**

In case of an emergency, if the Religious Formation Office is unable to contact myself or any of my emergency contacts, the Emergency 911 system will be activated; and I will be responsible for any expenses incurred.

_____ _____

Signature of Parent/Guardian **Date**

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 the following and provide your signature and date:

_____ 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**

Release of Liability for Youth and Adults- The undersigned do hereby release, forever discharge and agree to hold harmless the Office of Vocations/Totus Tuus and the Archdiocese of Omaha from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned's minor child. The undersigned further agree to indemnify and hold harmless the Office of Vocations/Totus Tuus and the Archdiocese of Omaha and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the event named.

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/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the archdiocese or its chaperones/representatives.

_____ _____

Signature of Parent/Guardian **Date**