



Summer Youth Program

for students entering grades 1st-12th in fall 2019

Mark your calendars now: July 21-26, 2019



For questions or additional information, please contact:

Kathy Fech,
Director of Faith Formation

Email: kfech@epiphanyofthelord.org

Office: 419-698-1519 ext. 202

Cell (call or text): 260-403-8860

Please note that calling or texting Kathy's cell will be the only way to reach her while the program is in session due to her need to be on various parts of the campus.

Faith, Friends, Fellowship, and Fun

Totus Tuus (a Latin phrase meaning "totally yours") was the motto of Pope St. John Paul II. It signifies our desire to give ourselves entirely to Jesus Christ through the hands of our Blessed Mother Mary.

The mission of Totus Tuus is to inspire in young people a true longing for holiness. Seminarians and college students from the Archdiocese of Cincinnati carry this mission to every young person and participant of Totus Tuus.

The youth see that these young adults are joyful and on fire with the Catholic faith, which encourages them to strive for the same thing in their lives.

Teen Program

Students entering grades 7-12

**Sunday-Thursday
7:00-9:00pm**

Join us for a week of engaging discussions, prayer, learning, games, and life changing witnesses of how to give yourself totally to God.

Parish Potluck

*All parishioners welcome!
Details to come!*

**Wednesday, July 24
5:15 pm**

St. Thomas Aquinas
Church Hall

Grade School Program

Students entering grades 1-6

**Monday-Friday
9:00am-2:30pm**

Join us for 5 fun, faith-filled days with games, skits, songs, sacraments, class, lunch, recess, and more!!



Epiphany of the Lord Catholic Parish- Toledo, Ohio

All activities take place at our St. Thomas Aquinas Campus: 729 White St.

Drop off and pick up in the parish hall

Parishioners will be asked to make a free-will offering (if able). Non-parishioners will be asked to pay \$10/child.



Totus Tuus *Totally Yours* Summer Youth Program

For students entering grades 1st-12th in fall 2019: July 21-26, 2019
Registration and Release Form- DUE MONDAY JULY 15, 2019



*Please submit completed form along with payment (if not a parishioner of Epiphany of the Lord) to
 Kathy Fech- Epiphany of the Lord Catholic Parish- 729 White St. Toledo, OH 43605*

Child(ren)'s Last name _____

Home Address _____ City _____ Zip _____

Primary phone _____ Primary family email _____

Father's name _____ Cell _____

Mother's name _____ Cell _____

Additional emergency Contact _____ Phone No. _____

Family Doctor _____ Phone No. _____

Family Dentist _____ Phone No. _____

Hospital Preference _____

NAME OF STUDENT	DATE OF BIRTH	GRADE FOR 2019-20 SCHOOL YEAR	GENDER

Adults and teens are needed to help during the day program. Help is needed Monday through Friday from (approximately) 8:30 am-3 pm. Volunteers will need to meet all diocesan requirements for assisting.

NAME OF PERSON INTERESTED IN HELPING					PHONE NUMBER	EMAIL					
PLEASE CHECK DAYS AVAILABLE TO HELP (8:30a- 3 pm)					I AM MOST INTERESTED IN HELPING WITH (check all that apply)						
MON. 7/22	TUES. 7/23	WED. 7/24	THURS. 7/25	FRI. 7/26	GRADES 1 & 2	GRADES 3 & 4	GRADES 5 & 6	SNACK/ RECESS/ MASS	SPECIAL ACTIVITY (Fri. Only)	MISC. (Kathy will call to discuss)	

Parish where family is registered _____

**Registration Fee is \$10/student if not a member of Epiphany of the Lord Catholic Parish.
 Parishioners are invited to make a freewill donation towards the cost of Totus Tuus**

Amount enclosed _____ Paid by ___ Cash ___ Check _____ (check number)

PLEASE COMPLETE LIABILITY WAIVER & MEDICAL INFO ON REVERSE

Please fill out completely for each child and attach additional paper if needed. Please list ANY AND ALL allergies, medications, medical conditions, learning struggles, etc. so we can best serve your student. This information will also be used in case of medical emergency.

NAME OF STUDENT	MEDICAL/LEARNING INFO

LIABILITY- MUST BE COMPLETED AND SIGNED

I, _____ the parent or lawful guardian of above named child(ren) give permission for the above-named to participate in Totus Tuus and release from all liability and indemnify Diocese of Toledo, the Bishop of Toledo, both individually and as trustee for the Diocese, and all parishes and schools within the Diocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from Totus Tuus and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of the above named, any claims, lawsuits or actions against the Bishop, the Diocese, and their respective officers, agents, representatives, volunteers and employees.

I further understand that my Child's participation in Totus Tuus is purely voluntary and is a privilege and not a right, and that the above-named, and I on behalf the above-named, agree to the above-named's participation in Totus Tuus in spite of the risks. I agree to instruct my child to cooperate with the Bishop or his agents in charge of the activity.

I agree that the Bishop or his agents may use the above-named's portrait, photograph or video for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Liability shall be effective and binding upon me, my above named child(ren) and my own and my Child(ren)'s personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian _____ Date ____/____/_____

MEDICAL- PART I OR II MUST BE COMPLETED AND SIGNED

Part I – TO GRANT CONSENT If unable to reach parent or guardian, I hereby give my consent for 1) the administration of any treatment deemed necessary by the doctor or dentist listed on the reverse of this form. In the event that the designated practitioner is not available another licensed physician or dentist and 2) the transfer of the player to (hospital) or any hospital reasonably accessible. This authorization does not cover surgery unless the medical opinions of two other licensed physicians or dentists concurring in the surgery are obtained prior to the performance of such surgery.

Signature of Parent or Guardian _____ Date ____/____/_____

PART II – REFUSAL TO CONSENT I do not give my consent for emergency medical treatment of my child(ren). In the event of illness or injury requiring emergency treatment, I wish team authorities to take no action or to:

Signature of Parent or Guardian _____ Date ____/____/_____