TRINITY TYKES REGISTRATION 2018-2019

Family Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Mass(*circle one*):8:30/10:30am

Address (Street/City/Zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **Child #1** | **Child #2** |
| **Child’s First & Last Name**  |  |  |
| **Date of Birth** |  |  |
| **Gender**  |  |  |
| **Food Allergies/Restrictions** |  |  |
| **Other Allergies/Medical Information/Special Needs** |  |  |

Emergency Contact (other than parent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other adults my child(ren) may be released to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the two Sunday mass times you will participate as a volunteer:

8/26 8:30 or 10:30am
9/2 8:30 or 10:30am
9/9 8:30 or 10:30am
9/16 8:30 or 10:30am

9/23 8:30 or 10:30am

9/30 8:30 or 10:30am

10/7 8:30 or 10:30am

10/14 8:30 or 10:30am

10/21 8:30 or 10:30am

10/28 8:30 or 10:30am

11/4 8:30 or 10:30am

11/11 8:30 or 10:30am

11/18 8:30 or 10:30am

12/2 8:30 or 10:30am

12/9 8:30 or 10:30am

12/16 8:30 or 10:30am

I understand that Trinity Tykes ministry is available for my child(ren) and agree with the Welcome Letter’s requested parent participation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIOCESE OF ORANGE LIABILITY FORM – TRINITY TYKES MINISTRY**

I, the parent (guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby give my permission for her/his/their participation in Trinity Tykes at Holy Trinity Catholic Church. As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including, but not limited to, The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that s(he) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities or individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named ministry, including transportation to and from this ministry, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental costs shall be made to insurance or any available benefit plans of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby, authorize the making of photographs, motion pictures, video tapes, or other recordings memorializing said event and my child’s participation therein, and the publication and duplication or other use thereof. I, hereby, waive any rights to compensation or any right that I otherwise might have to limit or to control such making or use.

I, hereby, give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (please print)

**DONATION NEEDS FOR TRINITY TIKES**

**“Giving Back”**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Son/Daughter name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for helping through donations to support the Trinity Tikes Ministry.*

Cash, Check or Credit Card (see office) for a donation to provide Curriculum and Supplies ***or***

Clorox Wipes

Paper Towels

Tissues

Hand Sanitizer

White Board markers

Felt Board

Large Sized Legos

Little People Nativity

Little People Noah's Ark

Catholic Children's Bibles

Catholic Board Books

Crayons

Washable Markers – large, broad tip

Safety Scissors

Glue Sticks

Construction Paper

Large Pencils

Monetary donations

Please advise the item(s) you are able to provide below and drop off in the office by Wednesday, August 22:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We may need to ask for another donation item via phone and/or email if the item chosen is plentiful. Thanking you in advance for your understanding. Storage space is limited.

**RETURN THIS FORM WITH YOUR COMPLETED REGISTRATION!**