

SIGN UP BY JULY 15TH! ONLY \$10/per child! SPACE IS LIMITED!
Return registration with payment to: cheryl@stpatsic.com OR
drop off/mail to: St. Patrick Church, 4330 St. Patricks Dr, Iowa City, IA 52240

2025 TOTUS TUUS CURRICULUM

The Sacred Scriptures and the Catechism of the Catholic Church provide the foundation of the catechetical instruction of the Totus Tuus summer catechetical program.

2025 THEME: *The Sacraments and Joyful Mysteries*

A Day in the Life of Totus Tuus – SAMPLE SCHEDULE

Grades 1-6, ELEMENTARY PROGRAM, Mon, July 28 – Fri, August 1

SNACKS provided. BRING LUNCH M-TH. Lunch is provided Friday

9:00-9:20 a.m.	Opening Prayer, Songs and Skits
9:20-10:00 a.m.	Class Period #1
10:00-10:15 a.m.	Restroom Break OR Snack Break
10:15-10:45 a.m.	Class Period #2
10:45-11:05 a.m.	Music Preparation for Mass
11:05-11:25 a.m.	Mass Preparation
11:05-11:25 a.m.	<i>Individual Classes to Confession</i>
11:30 a.m.	Mass
12:15-1:00 p.m.	Lunch and Recess
1:00-1:15 p.m.	Cool Down-Water Break
1:15-1:50 p.m.	Class Period #3
1:50-2:10 p.m.	Restroom Break OR Snack Break
2:10-2:40 p.m.	Class Period #4
2:40-3:00 p.m.	Gather, Review and Closing Prayer
3:00 p.m.	Dismissal

Grades 7-12 JH/HS PROGRAM, Sun, July 27 – Thurs, July 31

SNACK provided. Dinner is provided Thursday at 6:00pm

6:30-6:45 p.m.	Introduction and Ice Breakers
6:45-7:15 p.m.	Session #1
7:15-7:45 p.m.	Session #2
7:45-8:00 p.m.	Snack Break
8:00-8:30 p.m.	Session #3
8:30-8:45 p.m.	Night Prayer (Compline)
8:45 p.m.	Dismissal

2025 Totus Tuus Registration Form

St. Patrick Church
4330 St. Patricks Dr, Iowa City IA 52240, 319-337-2856

Please list the names of the children you are registering for Totus Tuus:

First Name	Last Name	Fall '25 Grade	Please list any allergies, medications & dosages and medical conditions of this child
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Parent/Guardian Information:

Your First Name	Middle Name	Last Name	Maiden Name <i>(if applicable)</i>
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Phone	Email Address
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Address	City	State	Zip
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Pick Up Person Contact Information (Name and phone number of the person who will pick up child IF NOT A PARENT).

First Name	Last Name	Phone
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Emergency Contact Information (Name and phone number of an adult to reach in case of emergency if parents cannot be reached):

First Name	Last Name	Phone
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Additional Emergency Information:

Name of Family Physician	Phone Number
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Insurance Company	Policy #
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