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Dear Returning Saints and Parents,

Welcome to returning student registration for Central Catholic High School's 2018-19 School Year. We promise to continue to challenge your student while preparing all of our Saints for college and for Heaven. Together, we will help our students Aspire to be Saints.

Below is information for our freshman, sophomore and junior families:

RETURNING STUDENT INFORMATION

- 1. Returning student registration packets must be completed and returned to the school during normal business hours (7:30 a.m. – 3:30 p.m.) by Friday, March 16.**
- 2. All returning students who plan to participate in Central Catholic sports must have a sports physical completed between June 15 and August 1, 2018.** We provide these dates to ensure the physical is valid the entire school year.
- 3. All incoming Seniors must turn in a full shot record before the first day of school.**

ALL STUDENT INFORMATION

- 1. If you wish to apply for your student to participate in our Summer Work Program, please call Mrs. Fitzwater at 309-661-7000 between May 1 – May 12.**
- 2. Additional forms will be e-mailed as the beginning of the 2018-19 school year approaches. Students whose financial accounts are in good standing will receive their schedules after the additional forms and physicals are turned in to the school office.**

We appreciate this opportunity to present our registration information. We look forward to preparing for the 2018-2019 academic year with you as members of our Central Catholic family!

Peace,

Sean Foster
Principal

STUDENT APPLICATION/COMMITMENT 2018—2019

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Student Name _____

Legacy Information

Many of our students have relatives who also attended Central Catholic. Please help us continue to update our Alumni Legacy records by listing any relatives that graduated from Central Catholic/Trinity High School:

<i>Name</i>	_____	_____	_____
<i>Address</i>	_____	_____	_____
<i>City State Zip</i>	_____	_____	_____
<i>Phone</i>	_____	_____	_____
<i>E-Mail</i>	_____	_____	_____
<i>Relationship</i>	_____	_____	_____
<i>Year of Graduation</i>	_____	_____	_____

We understand that Catholic education is a Family decision and commitment. Please provide information about your student's grandparents to help us keep everyone aware of how Central Catholic continues to grow and meet our students' needs.

Grandparents:

<i>Name</i>	_____	_____	_____
<i>Address</i>	_____	_____	_____
<i>City State Zip</i>	_____	_____	_____
<i>Phone</i>	_____	_____	_____
<i>E-Mail</i>	_____	_____	_____

*Thank you for registering for Central Catholic High School,
We look forward to preparing your student for college and for Heaven!*

Central Catholic High School Student Emergency Form 2018-2019

<u>Graduation Year</u>
2022
2021
2020
2019

STUDENT NAME: _____
Last First Middle

DOB _____ **PHONE** _____ / _____
HOME STUDENT CELL

Please list any important medical information and update the school as needed.

Does the student have any medical conditions? (Asthma, diabetes, epilepsy, etc.) **YES** **NO**
 If yes, please list _____

Does the student have any know allergies / reactions? (Food, medications, etc.) **YES** **NO**
 If yes, please list _____

Is the student currently taking any medications? **YES** **NO** If yes, what is the purpose? _____

STUDENT'S PHYSICIAN: _____ **PHONE** _____

STUDENT'S DENTIST: _____ **PHONE** _____

Tetanus shot within 5 years **YES** **NO** Date: _____

Hospital Preference _____

Insurance Covered **YES** **NO**

INSURANCE CARRIER: _____ **POLICY #** _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT: (Parent/Guardian)

NAME: _____ **PHONE** _____ / _____
HOME CELL

NAME: _____ **PHONE** _____ / _____
HOME CELL

IF PARENTS/GUARDIAN CANNOT BE REACHED IN CASE OF EMERGENCY OR ILLNESS, PLEASE CONTACT:

NAME: _____ **PHONE** _____ / _____ **Relationship** _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the school/parish and distributed to the person in charge of each and every trip on which my child participates, or athletic activity. Should the need arise; this information will be given to the proper medical authorities.

I, _____ (name of parent/guardian), understand that in the case of illness of my child, _____, Central Catholic High School will try to notify me or the person I have listed below as an emergency contact. In case of a medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to Central Catholic High School and/or the supervising employee to do as follows:

1. Arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and
2. Sign releases as may be required in order to obtain any medical or surgical treatment as in required in the judgment of medical authorities at the facility.

STATE OF ILLINOIS)
) SS.
 COUNTY OF _____)

Signature

Printed Name

Date: _____

SIGNED AND SEALED before me this _____ day of _____, 2018.

 NOTARY PUBLIC
 The Authorization for Emergency Medical Treatment is valid until July 31st, 2019.