



1201 Airport Road
Bloomington, Illinois 61704-2534
voice: 309.661.7000
fax: 309.661.7010
www.blmcchs.org

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



Student Information

Graduation Year: 2022 2021 2020 2019

Student Name: _____
Please Print Last _____ First _____ Middle _____

Address: _____
Street _____ City _____ State _____ Zip _____

Student Cell Phone: _____ Student Email: _____

Public School your student would attend if not attending Central Catholic: _____

School(s) last attended: Junior High _____ Elementary _____

Does your child have any disability for which an accommodation is necessary for the 2018-2019 school year? Yes No
The school will contact requesting families for student eligibility and elevation for curricular accomodations.

Family Information

Information for Father

NAME _____
ADDRESS _____
EMPLOYMENT _____
EMAIL _____
TELEPHONE _____
/ _____
Home _____ Work _____ Cell _____ Home _____ Work _____ Cell _____

Information for Mother

If Parents are separated or divorced, legal custody has been awarded to: Father Mother Joint
Please indicate if school information should be sent to: Father Mother Joint

Tuition/Payment Information

All Families are automatically enrolled in FACTS Tuition.

Please mark the tuition amount that applies to the student

\$7,800 for students affiliated with a Partner Parish OR \$9,750 for students not affiliated with a Partner Parish

Select your payment option when enrolling with FACTS. Statements will be mailed by June, 2018; first payment due July, 2018.
(Commitment fee of \$300 is due at time of registration. Schedules will only be created after the fee has been paid.)

\$300 Commitment Fee (cash or check only) _____ Cash Check # _____ (made out to "CCHS")

Parish Affiliation: Please Check One

<input type="checkbox"/> Epiphany Church	<input type="checkbox"/> St. Patrick Church of Merna
<input type="checkbox"/> Holy Trinity Church	<input type="checkbox"/> St. Mary's Church—Bloomington
<input type="checkbox"/> Historic St. Patrick's	<input type="checkbox"/> St. Mary's-Downs
<input type="checkbox"/> Other _____	<input type="checkbox"/> Non-Affiliated

We understand the cost of educating one student is in excess of \$11,400 for the 2018-2019 school year. To bridge the gap between tuition and the actual cost, we would like to make a tax-deductible contribution in the amount of \$ _____

Did you complete the FACTS Grant and Aid Assessment to be considered for financial assistance/scholarship? YES NO

Who is financially responsible? _____ Signature _____ Date _____

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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**

STUDENT NAME: _____

Last	First	Middle
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DOB _____

PHONE	/
HOME	STUDENT CELL

Graduation Year

2022
2021
2020
2019

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 known 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 Date: _____ NO

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 is required in the judgment of medical authorities at the facility.

Signature

STATE OF ILLINOIS)

) SS.

COUNTY OF _____)

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.