Peru Catholic School

2003 Fifth Street
Peru, IL 61354
Phone: 815-224-1914
Fax: 815-223-1354
Web Site: perucatholic.org
Email: principal@perucatholic.org

June 2017

Dear PCS Parents/Guardians,

This packet of information is being sent in regard to the 2017-2018 school years. **School will begin on Monday, August 21, 2017 for grades K-8. School doors will open at 7:55 a.m. school begins at 8:00 a.m. with Noon Dismissal. Normal dismissal time will be 3:05 p.m.** *Uniforms are to be worn the first day of school (August 21st). FULL BUS SERVICE BEGINS Monday August 28th, 2017. NO HOT LUNCH SERVICES until September 5th, 2017. Watch your email for September order form.*

Preschool 3 and 4 year olds will begin on Tuesday, August 22, 2017. With start time at 8:05 and dismissal 2:55

> ***** Ice Cream Social/Meet the Teacher's Night is Friday, August 18, 2017, from 6:00 – 7:30 p.m. ** Come to school and have an ice cream treat, meet your teachers and drop off all your school supplies.***

Registration will be Thursday, July 27th in the **school office from 9 am–1 pm**. Families are welcome to mail forms and payments early. Send it "ATTENTION REGISTRATION". Please send ALL completed forms, documents and tuition/fees that are required.

Mandatory fundraiser every family must sell $500.00 worth of raffle tickets.

** Please watch for additional information to come home during the summer via Teacherease e-mail.**

Additional forms and information will be sent home the first day of school. If you have any questions over the summer you may contact the school office. If no one is available, please leave a message and someone will return your call.

Sincerely,
PCS Administration

Request of Signature Form

2017-2018 School Year

Student & Parent/Guardian Information (please print)

First Student Name	Birth Date	Grade
Second Student Name	Birth Date	Grade
Third Student Name	Birth Date	Grade
Fourth Student Name	Birth Date	Grade

Parent/Guardian Name | *Address* | *City/State* | *Zip*

Phone Number | *Parish*

Student Request - Loan of Textbooks

I hereby request the loan of secular textbooks in accordance with Public Act 79-961 of 1975.

Publicity

On occasion, ***Peru Catholic School/St. Joseph/St. Valentine/St. Mary Parishes*** takes photographs or makes an audio or video tape recording of children and/or adults involved in school/parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in ***Peru Catholic School/St. Joseph/St. Valentine/St. Mary Parishes*** publications or advertising materials to let others know about our school/parish. In addition, local news organizations may hear of our activities or events, and our school/parish may invite or allow them to photograph or record events to be used, distributed, or displayed as agents of the school/parish see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

Peru Catholic School Required Cash Raffle Tickets

I will receive 50 PCS Cash Raffle Tickets and understand that I am required to sell all 50 tickets.

Peru Catholic School System Parent-Student Handbook Agreement

I, my child(ren) and family members have read and agree to be governed by the Peru Catholic Parent-Student Handbook.

X_____

Signature of Parent/Guardian **Date**

Signature confirms all the above is agreed upon, accurate and truthful.

PERU CATHOLIC SCHOOL SYSTEM

Authorization For Emergency Medical Treatment

This information will be kept in the possession of the school 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/legal guardian), understand that in the case of illness of my child, _____, Peru Catholic School System 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 the school 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 judgement of medical authorities at the facility.

Date_____ _____

Parent/Guardian Signature

_____

Parent/Guardian Signature

Medical Information

Student

Name (first, middle, last) _____

Address _____

_____

Emergency Contacts

Parent(s) or Guardian

Name (first, middle, last) _____

Phone(including area code) _____

(OVER)

Other Contact

Name (first, middle, last) _____
Relationship _____
Phone (including area code) _____

Student's Regular Physician

Name (first, middle, last) _____
Phone (including area code) _____

Medical Conditions

Please list any medical conditions of the above student (asthma, diabetes, epilepsy, etc.):

_____
_____
_____

Please list any allergies or allergic reactions to medications of the above student:

_____
_____
_____

Please list any medications the above student is now taking:

_____
_____
_____

Date of student's most recent tetanus shot:

_____
_____
_____

Other pertinent medical information:

_____
_____
_____

Medical Insurance Information

Company: _____
Identification number of plan: _____
Identification number of covered employee: _____

Office of Catholic Schools
Catholic Diocese of Peoria

PUBLICITY FORM

2017 - 2018 Academic Year

Name of School: Peru Catholic School City: Peru

On occasion, the school named above takes photographs or makes an audio or video recording of children and/or adults involved in school or parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in school or parish publications or advertising materials to let others know about the school or parish. Also, local news organizations may learn about the school's activities or events, and the school or parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the school or parish see fit.

I hereby expressly grant to the school named above, its affiliated parish(es), and/or the Catholic Diocese of Peoria the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the school and its programs, or for any other purpose in furtherance of the mission of the school, its affiliated parish(es), and/or the Catholic Diocese of Peoria.

Name of Student(s): _____

_____

_____ _____

Signature of Parent/Guardian Signature of Parent/Guardian

_____ _____

Printed name of Parent/Guardian Printed name of Parent/Guardian

_____ _____

Date Date

FACTS Tuition Management Plan 2017

Dear Parents,

Since the stability of our school and the quality of its programs are of the utmost importance, we are always seeking ways to make improvements to benefit everyone. After much research and investigation, we have partnered with FACTS Management Company to help us manage our tuition payment program and financial aid assessment. FACTS is used by many schools locally and over 6,500 schools nationally. We are excited to be working with them and are confident this program will offer greater efficiency and financial stability for the school while providing convenience to families.

One of our primary goals this year at ***Peru Catholic School*** is to concentrate our efforts on improving the *business side* of our school. By taking advantage of the security and convenience of payment processing and information technology offered by FACTS, we remain committed to this goal.

You will realize these benefits by using FACTS for your tuition payment plan:

1. Payment Dates: You may choose either the 1st, 10th or the 15th of each month as your payment date. Automatic payments can be made from a checking or savings account or from a variety of credit cards, if applicable

2. Convenience & Security: Along with multiple payment plan options, your payments are processed securely through a bank to bank transaction.

3. Peace of Mind Insurance: FACTS offers this optional benefit for only $17 per year per family. In the event of death of the Responsible Party or spouse, the remaining tuition balance owed for the current school year is paid to the school.

4. Consumer Account: You may check your personal account or make payments online from the convenience of your home or office anytime.

One of the universal challenges in education is achieving a balance between our educational mission and financial stability. It is precisely for this reason we are enlisting the help of the FACTS Management Company. With FACTS, the school maintains decision-making control. As always, we will continue to work with families should special circumstances or "hardship" cases arise during the school year.

Thank you for your continued loyalty and support for ***Peru Catholic School***. We depend on your support in our efforts to provide the highest quality of education for your children. Your continued support and cooperation is appreciated, as we remain committed to our mission.

You will receive an email from FACTS providing further direction for setting up your payment plan options. If you have any questions please call Amy Perona (815)224-1914.

Sincerely,
Amy Perona

OFFICE OF CATHOLIC SCHOOLS
CATHOLIC DIOCESE OF PEORIA, IL

ATHLETIC AND GROUP EVENTS
PARENTAL / GUARDIAN CONSENT FORM
AND LIABILITY WAIVER

2017-2018

CATHOLIC DIOCESE OF PEORIA, IL

Student Participant's Name: _____

School / City: Peru Catholic School, Peru, Illinois

Date of Birth: _____ ☐ Male ☐ Female

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Business: _____ Cell: _____

REQUEST FOR PERMISSION:

As parent and/or legal guardian, I give permission for my son/daughter named above to participate in interscholastic athletics in the following sports during the 17-18 academic year (initial all that apply):

_____ Baseball
_____ Basketball
_____ Cheerleading
_____ Volleyball
_____ Softball
_____ Track & Field
_____ Bowling
_____ Scholastic Bowl
_____ Intramural Basketball

Other (please specify): _____

As parent and/or legal guardian, I, _____, remain legally responsible for any personal actions taken by the above named minor ("participant").

I am aware that participating in sports will involve travel to practices and games. I acknowledge and accept the risks involved with my child's travel. I further understand that participation in sports presents to my child the risk of harm, including, but not limited to, serious personal injury or death. Any questions I have concerning my child's participation have been answered.

In consideration of my child being allowed to participate in the sport(s) indicated above, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Catholic Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation. Additionally, I give my consent and approval for my child's name and picture to be printed in any sports program, publication, or video.

As a parent/guardian, I further acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering important learning experiences for the students. Therefore, I will show respect for all players, coaches, spectators, and officials. I will only participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by a Catholic school, and accept the responsibility that comes with being a parent/guardian of a student athlete.

Signature: _____ Date: _____

Pre-participation Examination

IESA

To be completed by athlete or parent prior to examination.

Name_____ School Year_____
Last First Middle

Address_____ City/State_____

Phone No._____ Birthdate_____ Age_____ Class_____ Student ID No._____

Parent's Name_____ Phone No._____

Address_____ City/State_____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other:_____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:_____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	**Yes**	**No**
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete_____ **Signature of parent/guardian**_____ **Date**_____

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Pre-participation Examination

PHYSICAL EXAMINATION FORM

EXAMINATION			
Height	Weight	☐ Male ☐ Female	
BP (/)	Pulse	Vision R 20/ L 20/	Corrected ☐ Y ☐ N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart [a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic [c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a] Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b] Consider GU exam if in private setting. Having third party present is recommended.
[c] Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____

Physician's Assistant Signature* _____

Advanced Nurse Practitioner's Signature* _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

IHSA Steroid Testing Policy Consent to Random Testing

(This section for high school students only)
2012-2013 school term

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at
http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf

_____ Signature of student-athlete _____ Date _____ Signature of parent-guardian _____ Date