Welcome to PRESCHOOL

St. Mary Catholic School

Parent Information
Student Registration Forms

Contact: Mrs. Veronica Kinsey, Principal
Email: mrskinsey@stmarypinckney.org
Phone: 734-878-5616
www.stmarypinckney.org

Bringing Jesus to the center of the life of every family through excellence in faith, scholarship, and service.

St. Mary Catholic School Pinckney

History

September 1955 Cornerstone Ground-Breaking (E. Hamburg St. location)
September 1956 the School Opened
September 1997 the Preschool Program started
September 2003 the new School Opened (Dexter-Pinckney Rd. location)

Affiliation

Diocese of Lansing, Michigan

Accreditation

Michigan Association of Non-Public Schools (MANS)
Member of the National Catholic Education Association (NCEA)

Administration

Pastor, Fr. Dan Kogut
Principal, Veronica Kinsey

School Highlights

Pre-K thru 8th Grades
Partners with Parents in Education
Catholic Faith & Values Taught
A Safe & Welcoming Environment
Parish & Community Involvement
Music, Spanish, Computers, Art and P.E.
Athletic Program St. Mary Wildcats Team Sports

Current Enrollment (2022-2023)

183 Students

Bringing Jesus to the center of the life of every family through excellence in faith, scholarship, and service.

ST. MARY PRESCHOOL

REGISTRATION REQUIREMENTS CHECKLIST

Children must be at least 3 years of age before September 1st if planning to enroll as a "3 year old preschool" student and 4 years of age by September 1st if planning to enroll as a "4 year old preschool" student. Children must also be fully potty-trained (out of diapers and pull-ups) and fully independent in the bathroom.

The following is a check of items that must be turned in with your registration paperwork in order to hold your spot in the program.

- Registration/Tuition Contract
- Child Information Record (be sure to read directions and fill in all sections)
- Health Appraisal Form (must include doctor signature)
- Immunization Record or Current Immunization Waiver
- Copy of Birth Certificate
- Copy of Baptism Certificate (if applicable)
- Concussion Form
- Photo Release Form
- Topical/Non-Prescription Permission Form
- Written Information Packet Documentation Form
- Parent Notification of the Licensing Notebook
- Volunteer Background Check Acknowledgement Form (if you would like to volunteer in the school, one per guardian)
- Virtus Training Certificate (if you would like to volunteer in the school)

ST. MARY PRESCHOOL
FAMILY REGISTRATION/TUITION CONTRACT 2023-2024

FAMILY LAST NAME _____ STUDENT _____ AGE 3 OR 4

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS (MOM) _____ (DAD) _____

Tuition is the main source of educational program funding at St. Mary School. To complete your enrollment, sign-up with FACTS, the on-line tuition management system: https://online.factsmgt.com/signin/3YJ8Z

Monthly Tuition Payment Due Dates: 1st _____ -or- 15th _____ of the month

Payment Options: One (1) payment: June _____ Two (2) payments: June & December _____
Four (4) payments: June, Sept., Dec. ,March_____ Twelve (12) monthly payments: June – May _____

Program choice: please CIRCLE the appropriate boxes below

AM PRESCHOOL	AM PRESCHOOL	AM PRESCHOOL	AM PRESCHOOL	AM PRESCHOOL
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

FULL DAY PRESCHOOL	FULL DAY PRESCHOOL	FULL DAY PRESCHOOL	FULL DAY PRESCHOOL	FULL DAY PRESCHOOL
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

FULL DAY PRESCHOOL AM/PM LATCHKEY	FULL DAY PRESCHOOL AM/PM LATCHKEY	FULL DAY PRESCHOOL AM/PM LATCHKEY	FULL DAY PRESCHOOL AM/PM LATCHKEY	FULL DAY PRESCHOOL AM/PM LATCHKEY
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Registration Deposit: $200.00 per FAMILY (non-refundable)

1. The tuition has been calculated considering a school calendar year. Days off due to vacation days, sick days, and any "Act of God" days do not change the monthly payment. If you remove your child after a quarter begins (4 quarters in school year) you are responsible for payment through that quarter.

2. All preschool paperwork including child's birth certificate, physical form and current immunization record MUST be turned into the school office for the registration to be completed.

3. CHILD MUST BE FULLY TOILET TRAINED (out of diapers or pull-ups) and independent to use the bathroom. Child must be 3 years of age on or before September 1, 2023.

Parent /Guardian Signature_____ Date _____

I agree to accept the policies, rules and regulations of St. Mary School as well as all terms contained in this contract and the payment schedule set forth herein.

ST. MARY PRESCHOOL
TUITION RATES
2023 - 2024

Morning Friends Ages 3 & 4

8:15 AM – 11:15 AM

$1260.00	$1648.00	$2122.00	$2595.00
2 Days	3 Days	4 Days	5 Days

School Day Friends

8:15 AM – 3:15 PM

$2410.00	$3553.00	$4696.00	$5273.00
2 Days	3 Days	4 Days	5 Days

All Day Friends
With AM/PM Latchkey

6:45 AM – 6:00 PM

$3172.00	$4696.00	$6226.00	$6988.00
2 Days	3 Days	4 Days	5 Days

1. **$200.00 Non-Refundable deposit is due at registration.**
2. **All preschool paperwork including child's birth certificate, physical form and current immunization record MUST be turned into the school office for the registration to be completed.**
3. **CHILD MUST BE FULLY TOILET TRAINED (out of diapers or pull-ups) and independent to use the bathroom. Child must be 3 years of age on or before September 1, 2023.**

FACTS.

Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement, visit your school ' s website and locate the FACTS link, or go to https://online.factsmgt.com/3YJ8Z.

FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

Frequently Asked Questions

- **Is my information secure?**
  Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit FACTSmgt.com/Security-Compliance.
- **When will my payments be due?**
  Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**
  Your payment will be processed on the next business day.
- **What happens if a payment is returned?**
  Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**
  Changes to your address, phone number, email address, or banking information can be made at Online.FACTSmgt.com or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**
  If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at Online.FACTSmgt.com. Customer Care Representatives are also available to assist you 24/7.**

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge

Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)	City	State	Zip Code

Parent/Legal Guardian's Name		Primary Phone ( )	Parent/Legal Guardian's Name (Optional)		Primary Phone ( )
Home Address (if not child's address)		2nd Phone (if applicable) ( )	Home Address (if not child's address)		2nd Phone (if applicable) ( )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ( )	Employer Name		Work Phone ( )

Name of Child's Physician or Health Clinic	Physician's or Health Clinic's Phone Number ( )

Hospital Preferred for Emergency Treatment (optional)

Allergies, Special Needs and/or Special Instructions? Yes ☐ No ☐ If yes, explain:
(Attach additional sheets, if necessary.)

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	( )	2.	( )
3.	( )	4.	( )

Parent/Legal Guardian Initials:

_____I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?

Reason for Medication

_____ / /

Parent/Guardian Signature Date

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

Was the health history reviewed by a health professional?

☐ Yes ☐ No *Examiner's Initials:* _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION	Visual Acuity			
			Muscle Imbalance			
		Date: / /	Other:			
☐	☐	HEARING	Audiometer			
			Other:			
		Date: / /				
☐	☐	URINALYSIS	Sugar			
			Albumin			
		Date: / /	Microscopic			
☐	☐	BLOOD LEAD LEVEL	Level _____ ug/dl			
		Date: / /				

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
☐	☐	Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT				
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN	Type: _____			
		Date: / /	Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

Health Professional's Signature _____ Title _____ Date ___/___/___

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ (child's name)'s teeth. As a result of this examination, my recommendation for treatment is: _____

Dentist's Signature _____ Date ___/___/___

PHYSICIAN'S SIGNATURE

Examiner's Signature _____ Date ___/___/___ *Examiner's Name (Print or Type)* _____ Degree or License _____

Number & Street _____ City _____ MI ZIP Code _____ (____) Telephone _____

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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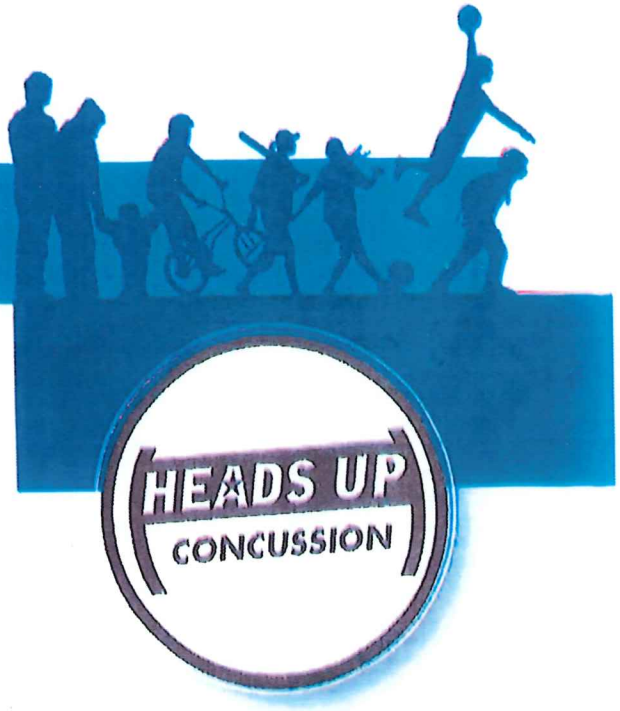
Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding,""getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

"IT'S BETTER T
MISS ONE GAME THAN THE WHOL
SEASON"

MDHHS
Michigan Department of Health & Human Services

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

_____

STUDENT-ATHLETE NAME PRINTED

_____

STUDENT-ATHLETE NAME SIGNED

_____

DATE

_____

PARENT OR GUARDIAN NAME PRINTED

_____

PARENT OR GUARDIAN NAME SIGNED

_____

DATE

JOIN THE CONVERSATION ↳ www.facebook.com/CDCHeadsUp

HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

PHOTO RELEASE

_____ Yes, I hereby grant St. Mary Catholic School, their legal representative, or those for whom they are acting, the absolute right and permission to copyright and use photographic portraits or pictures of my child for display during the school year. Photos may be used for marketing purposes such as in the church bulletin, displays, diocesan or school websites, FAITH magazine, etc.

I hereby waive any right I may have to inspect or approve the finished product or products.

I hereby release St. Mary Catholic School, their representative, or those for whom they are acting, from any liability for any violation of any personal or proprietary right I may have in connection with the use of the above stated images.

I state further that I have the above authorization, release and agreement and that I am fully familiar with its contents.

_____ No, I decline to have my child's photograph displayed; however, I do allow my child to be in unidentified group pictures with no names mentioned, such as pictures displayed for Catholic Schools Week.

_____

Printed Name of Child: _____ Grade _____

Printed Name of Parent or Guardian: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____

Signature of Parent or Guardian: _____ Date: _____

St. Mary Preschool

Annual Permission for Topical Non-Prescription Medications

2023-2024

I hereby give my permission for the caregivers of St. Mary Preschool to apply topical, non-prescription medications, as needed, to my child.

Topical non-prescription medication includes, but is not limited to: sunscreen, insect repellent, antibiotic ointment, rubbing alcohol, peroxide, and essential oils.

*Caregivers will only apply topical non-prescription medications that the parent has provided.

Name of Student: _____

Signature of Parent/Guardian: _____

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
  - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
  - The licensing notebook is available to parents during regular business hours.
  - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at **www.michigan.gov/michildcare**.
- Other _____

I certify that I received all of the above items.

_____ _____

Parent/Guardian Signature Date

Note: A single BCAL-4340 form may be used for all children in the same family.

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

CENTER MUST CHECK ONE

☐ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at **www.michigan.gov/michildcare**.

☐ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at **www.michigan.gov/michildcare**.

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s):	

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

DIOCESE OF LANSING
MICHIGAN

Employee and Volunteer Criminal Background Check Disclosure and Authorization Form

Hiring Entity Name/Address: _____ ☐ School ☐Church

As a church we value the safety of children in our care, our employees and volunteers and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the diocese mandates that criminal history background checks be conducted for all school/church personnel and volunteers, who may have unsupervised contact with a child, the elderly or persons with disabilities. Please complete this form of basic information about you, which assures the best possible program and safety for all and return this form to the designated administrator for criminal background checks at your Parish/School/Central Services.

Name (First, Middle, and Last):	Contact Phone Number:	*Date of Birth:	
Known by any other name(s)(Maiden Name/Previous Names or Aliases Used):			
Address:	City:	State:	Zip:
Number of years living in Michigan:	Home Phone:		
Position/Title for which you are seeking /volunteering(ex: Teacher, Janitor, Volunteer Coach, Music Minister, Chaperone, Lunch Room Helper, etc):			
Driver's License #:	State:	*Race	*Sex

Disclosure/Authorization:

The Diocese of Lansing hereby discloses and I understand that consumer reports and/or investigative consumer reports on my background may be made, to assess me in connection with hire or volunteer assignment, promotion or reassignment or retention. These reports may be obtained before initial hire or volunteer assignment or during my employment or volunteer assignment and may consist of a criminal history background check, driving record, education verification, employment verification, credit check, and/or personal references using the services of the Diocese of Lansing/Department of Human Resources and/or a designated outside firm. The information received, including this form, will be kept confidential and will be used only to determine my suitability to work at the Diocese of Lansing, a diocesan school, parish, or agency, or volunteer for the above noted entity.

I authorize the Diocese of Lansing or a designated consumer reporting agency to obtain the information and authorize without reservation, any party contacted to furnish any or all of the above-mentioned information. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation.

In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future.

_____ _____

Signature Date

*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval of records.

DIOCESE OF LANSING
MICHIGAN

Employee and Volunteer Criminal Background Check Disclosure and Authorization Form

Hiring Entity Name/Address: _____ □ School □Church

As a church we value the safety of children in our care, our employees and volunteers and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the diocese mandates that criminal history background checks be conducted for all school/church personnel and volunteers, who may have unsupervised contact with a child, the elderly or persons with disabilities. Please complete this form of basic information about you, which assures the best possible program and safety for all and return this form to the designated administrator for criminal background checks at your Parish/School/Central Services.

Name (First, Middle, and Last):	Contact Phone Number:	*Date of Birth:
Known by any other name(s)(Maiden Name/Previous Names or Aliases Used):		

Address:	City:	State:	Zip:
Number of years living in Michigan:	Home Phone:		
Position/Title for which you are seeking /volunteering(ex: Teacher, Janitor, Volunteer Coach, Music Minister, Chaperone, Lunch Room Helper, etc):			

Driver's License #:	State:	*Race	*Sex

Disclosure/Authorization:

The Diocese of Lansing hereby discloses and I understand that consumer reports and/or investigative consumer reports on my background may be made, to assess me in connection with hire or volunteer assignment, promotion or reassignment or retention. These reports may be obtained before initial hire or volunteer assignment or during my employment or volunteer assignment and may consist of a criminal history background check, driving record, education verification, employment verification, credit check, and/or personal references using the services of the Diocese of Lansing/Department of Human Resources and/or a designated outside firm. The information received, including this form, will be kept confidential and will be used only to determine my suitability to work at the Diocese of Lansing, a diocesan school, parish, or agency, or volunteer for the above noted entity.

I authorize the Diocese of Lansing or a designated consumer reporting agency to obtain the information and authorize without reservation, any party contacted to furnish any or all of the above-mentioned information. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation.

In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future.

_____ _____

Signature Date

*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval of records.

Instructions for
Protecting God's Children **Online Training**

⚠ VIRTUS website is not compatible with Internet Explorer, please use Google Chrome or Firefox.
Training must be viewed on laptop or desk computer (iPhone or iPad will cause incomplete training)

1. Go to **http://www.virtusonline.org**
2. Click on "First-Time Registrant" (below the User ID and Password)
3. Click "Begin the registration process"
4. Select "Lansing, MI (Diocese)" by clicking the drop down list ▼,
5. Click on "Select".
6. Create a User ID and password and click "Continue". Make a note of your User ID and Password. This establishes your account with our diocese and the VIRTUS program.
7. Complete the information on the next screen. *Indicates a required field.
8. Click on "Continue".
9. Select your Primary Location by clicking the drop down list ▼.
10. Click on "Continue".
11. If you volunteer or work at another parish or school, click "Yes" and follow the screens. If not, click "No".
12. Select the Role(s) that you serve within your organization.
13. Complete the "Title or Diocesan Function" field.
14. Click 'Continue"
15. Check any additional roles that apply.
16. Click "Continue"
17. Answer the three yes/no questions.
18. Read the Code of Conduct and Click on "Yes, I Understand".
19. Click "Continue"
20. Select "No" to the question: Have you already attended a Protecting God's Children session?
21. You will be presented with a list of upcoming sessions. Scroll to the bottom and mark the box the "Protecting God's Children for Adults (Online Training)"
22. Select "OK" to the question: Are you sure this is the session you wish to attend?
23. There will be a message on your screen confirming that you have completed the registration process. Click on "Go to VIRTUS Online"
24. Login with your User ID and Password
25. Click on "Protecting God's Children Awareness Session"
26. Read each screen carefully. If you are unable to finish your training in one session, you can log out and return later.
27. When your training is complete, print your completion certificate and log off.

11/2016