

## 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 8<sup>th</sup> 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 (2023-2024)

153 Students

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





#### **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.





## ST. MARY SCHOOL **FAMILY REGISTRATION/TUITION CONTRACT 2024-2025**

FAMILY NAME	
FAIVIILY IVAIVIE	

To complete your enrollment, sign-up with FACTS, the on-line tuition management system: https://online.factsmgt.com/signin/3YJ8Z

Tuition is the main source of educational program funding at St. Mary School.

**Payment Options:** 

**Tuition Payment Due Dates:** 

1st -or- 15th of the month

One (1) payment: June

Two (2) payments: June & December

Four (4) payments: June, September, December, March Twelve (12) monthly payments: June – May

Tuition Deposit Fee: \$200 per family

**NON-REFUNDABLE!** 

<b>Number of Children</b>	<b>IN PARISH</b>	NON-CATHOLIC FAMILY
1 child (K-8):	\$ 5,600.00	\$ 6,385.00
2 children (K-8):	\$ 8,320.00	\$ 10,200.00
3 children (K-8):	\$ 10,815.00	\$ 13,390.00
4 children (K-8):	\$ 12,075.00	\$ 16,675.00

- A. Tuition Calculation: 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.
- B. In Parish Families: Families qualify for the parish rate by being active members of St. Mary Parish or another Catholic parish. 
  An active parish member meets the following criteria established by our finance team:
  - One or both parents are practicing Catholic(s).
  - The family is registered in St. Mary Parish or another Catholic parish.
  - It is highly encouraged families contribute to the financial support of the parish with a contribution of 5% of your gross income.
  - Family registered in another parish must provide a written letter from their parish stating they are an active member.
  - Families are required to donate time/talents to the yearly events aside from the above fee. A minimum of 10 hours is suggested.
- C. Annual School Raffle: All families are required to sell or purchase \$500.00 of raffle tickets for the annual St. Mary School raffle. Tickets will be distributed in at beginning of the school year and due on or before December 2, 2024.

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 sch	edule set forth herein.



### **2024-2025 TUITION RATES**

## St. Mary School Parish Families

Number of Children	<u>Tuition</u>
1 Child (K-8)	\$ 5,600.00
2 Children (K-8)	\$ 8,320.00
3 Children (K-8)	\$ 10,815.00
4 Children (K-8)	\$ 12,075.00

**Tuition Deposit** - \$200.00 per family is due at registration.

## **Tuition Deposit is NON-REFUNDABLE**

## St. Mary School Non-Parish Families

Number of Children	<u>Tuition</u>
1 Child (K-8)	\$ 6,385.00
2 Children (K-8)	\$10,200.00
3 Children (K-8)	\$13,390.00
4 Children (K-8)	\$16,675.00

**Tuition Deposit** - \$200.00 per family is due at registration.

### **Tuition Deposit is NON-REFUNDABLE**

Mission Statement: We partner with parents providing a Catholic school rooted in the gospel teachings of Jesus Christ, modeled by Mary our mother, encouraging a virtuous life following the Catholic faith and pursuing excellence.

#### ST. MARY CATHOLIC SCHOOL

#### REGISTRATION REQUIREMENTS CHECKLIST

The following is a checklist of items that must be turned in with your registration paperwork in order to secure your child's grade:

- Registration/Tuition Contract
- FACTS Tuition Enrollment & Deposit Fee
- Student Information Record
- Consent for Disclosure of Immunization Information
- Immunization Record or Current Immunization Waiver
- Proof of Vision & Hearing Screening (Kindergarten Only)
- Copy of Birth Certificate
- Copy of Baptism Certificate
- Request for Student Records from previous school
- Concussion Form
- Photo Release Form
- 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)
- Diocese of Lansing School Agreement
- St. Mary Parish School Covenant

## ST. MARY SCHOOL

GENERAL INFORMATI	ON					
STUDENT NAME - LAST, F		E		SEX	BIRTH DATE	STUDENT GRADE 2024-2025
					,	
STUDENT ADDRESS		DISTRIC	Γ OF RESIDEN	CE	BIRTH CITY /STA	TE
OTOBERT REDEREES		Pinckney	Community	CL	BIRTH CITT / STA	112
Street Address (Required)		_ Schools				
( 1			te: If your distr		Baptism Y	N
Apt.# PO Box			ckney, please e of your school		Church Name	
City State	Zip	_			City	State
PARENT INFORMATION (	PLEASE SUPP	PLY FULL NAM	E)			
MOTHER/GUARDIAN Liv				ARDIA	AN Lives with Stud	lent? Y N
Name			Name			
Address ( if different from s	student)		Address ( if different from student)			
Home Phone ( )			Home Phone	( )		
Cell Phone ( )		Cell Phone	( )			
Work Phone ( )		Work Phone	Work Phone ( )			
E-Mail		E-Mail				
Employer		Employer				
BROTHERS/SISTERS NAME AND AGE	NA	ME AND AGE		ľ	NAME AND AGE	
CONTACT INFORMATION			s) guardians(s)	listed	above, the school w	vill only release
your child to the following CONTACT	RELATION	S.	PHONE		ADDRESS	
					112211200	

For Office Use Only

ENTRY	STUDENT	CURRENT
DATE	ID	GRADE

Student Name			
RACE AND ETHNICITY: PLEASE NOTE: The foll	lowing	questions are required by the U.S. Depa	rtment of
Education. Both parts A and B MUST be complete			
	exican, frace.), not rone or mon havinoriginal Cambon.)	Puerto/Rican, South or Central Americace. No matter which box you selected a more boxes to indicate what you considere) ng origins in any of the original peoples of the Far East, Southeast Asicodia, China, India, Japan, Korea, Malaysons in any of the black racial groups of Af	a, or bove, <b>please</b> er your of North or a, or the sia, Pakistan,
Hawaii, Guam, Samoa or other Pacific Island	ls.)		
<b>White</b> (A person having origins in any of the	origina	al peoples of Europe, the Middle East or	North Africa.)
<b>LANGUAGE</b> – Is your child's native tongue a la Is a language other than English spoken at home If yes, what is the language?	e?!	Yes No	
<b>HEALTH ALERTS</b> – Is your child being treated f			
AILMENT/CONDITION	1	AILMENT/CONDITION	1
Allergy – Bee Sting		Asthma	
Allergy – FOOD – Dairy		Cardiac	
Allergy – FOOD – Peanuts Nuts		Depression Anxiety	
Allergy – FOOD – Other		Diabetes	
Allergy – MEDICATION – Penicillin		Epilepsy	
Allergy – MEDICATION – Sulfa		Blood Pressure – High Low	
Allergy – MEDICATION - Other		Hypoglycemia	
Allergy – Other		Migraine	
ADD ADHD	: T	Otner	
If you checked any of the above ailments/conditailment/condition? Yes No	ions: 1	s your child given medication at nome io	rtms
IF YES, please give the name and possible side e	effects	of the medications:	*
Is your child to be given medication at school?  TO TAKE MEDICATION AT SCHOOL  PARTICULAR SITUATIONS, A SIGNED  ON FILE IN THE SCHOOL OFFICE.  OFFICE. ****  Please list other medical information including definition.	OL C MED FOR	OR HAVE MEDICATION AVAID DICATION AUTHORIZATION FOR MS ARE AVAILABLE FROM T	LABLE FOR RM MUST BE HE SCHOOL
PARENT/GUARDIAN SIGNATURE – I have read/ personnel are unable to reach me or a person whemergency medical treatment as necessary. I agr	hom I	have designated, I hereby authorize then	n to secure

Date

Parent/Guardian Signature

## St. Mary School

## 10601 Dexter-Pinckney Road

Pinckney, MI 48169

734-878-5616

## **Request for Student Records**

Name of Child	Birthdate	Grade
Entered St. Mary School on		
From:		
Address:		a
Phone:		
Fax:		
	A	
Please send cumulative records to:	St. Mary School	
	10601 Dexter-Pinckney Road	
	Pinckney, MI 48169	
Parental Consent to Release Record	ls	
I hereby authorize		school to release my child's
file to the above specified agency o		ducation documents, IEPC
forms, etc.		, .
Parent/Guardian Signati	ure	Date

#### ST. MARY SCHOOL

#### Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize	ST. MARY SCHOOL	to release my
	nization record to the Michigan Department of Health	
	Department. I understand this information will be use	
make a second of a second of the	immunization services and to help schools comply wit ation information and limited personally identifiable in	<del>-</del> -
Student's Nar	me:	
Signature of F	Parent/Guardian	
or Eligible Stu	ident:	//////
Printed Parent	/Guardian Name:	



## PHOTO RELEASE

Yes, I hereby grant St. Mary Catholic Schwhom they are acting, the absolute right and perportraits or pictures of my child for display during marketing purposes such as in the church bulk FAITH magazine, etc.	ermission to copyr ing the school yea	ight and use pl r. Photos may l	notographic be used for	
I hereby waive any right I may have to inspect o	or approve the fini	shed product o	r products.	
I hereby release St. Mary Catholic School, their acting, from any liability for any violation of any connection with the use of the above stated image.	personal or prop			
state further that I have the above authorization, release and agreement and that I am fully amiliar with its contents.				
No, I decline to have my child's photograp in unidentified group pictures with no names m Catholic Schools Week.			*	
Printed Name of Child:Printed Name of Parent or Guardian:			Grade	
Street Address:				
City:				
Phone:				
Signature of Parent or Guardian		Date		

# 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.

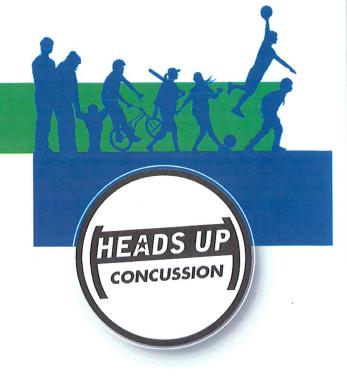


Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

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





#### 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?

- 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.
- 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	Management of the second of th
DATE	

JOIN THE CONVERSATION L www.facebook.com/CDCHeadsUp



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



2024-2025 School Year

#### Dear Parents/Guardians:

Thank you for choosing to send your children to our school. Catholic education is among the very best gifts that can be given to children and God delights in the investment you are making in this way. At St. Mary School, students not only receive an excellent academic education, but more importantly, they receive a rich formation and foundation as disciples of Christ. It is a great blessing for our children to be prepared for this life while also being prepared for eternity.

At St. Mary, our core purpose is to bring Jesus to the center of the life of each family. There are many things that we do, but this is the core reason why we exist as an institution. This means we are committed to partnering with parents and supporting them in their role as the primary educators of their children in the ways of faith. It means that we believe Jesus wants to be at the center of the "culture" of every family, and we are committed to coming alongside parents to help them in this way.

We seek to live out this core purpose, which is why the parish provides a financial subsidy to our school each year. Tuition does not cover the full cost of sending your children to St. Mary; the balance is generously provided by the parish and parishioners, like you, who give faithfully of their finances, time, and talent. The PTC does amazing work in providing financially for the school; please get involved in whatever way you can.

Thank you for your continued support of our school, your commitment to Catholic education, and your faithful support of our parish. May God bless us all as we work toward fulfilling His Will on earth.

In Christ,

Fr. Dan

Fr. Dan Kogut, Pastor



# Covenant between St. Mary Parish and of the St. Mary School Families 2024 - 2025

We, the people of St. Mary Parish, are committed to providing an environment where the children of our parish school:

- Are formed in the Catholic faith to know, love, and serve our Lord Jesus Christ.
- Are educated following the traditions and teachings of the Catholic Church.
- Are provided with opportunities to grow in heart, mind, soul, and strength.

As parents of a student enrolled at the Church of the St. Mary School, we are committed:

- To worshipping at St. Mary Pinckney, or our own church with our children on a weekly basis.
- To living in ways that are consistent with Catholic Christian moral values in all areas of life.
- To supporting the mission of our church by tithing our time, talent, and treasure.
- To supporting the mission of St. Mary School in a spirit of true partnership and good will.

As Parish and School parents, we enter into this covenant, asking God's blessing on us and the work we are called to do in His Name.

stor
Kinsey
Signature of Principal

Date



#### **Diocesan Family-School Agreement**

The purpose of Catholic education is the formation of boys and girls who will be good citizens of this world—loving God and neighbor and enriching society with the leaven of the Gospel—and who will also be citizens of the world to come, thus fulfilling their destiny to become saints. This is all done in an environment of academic excellence, where students learn how to become intentional, missionary disciples of Jesus Christ, grow in virtue and holiness, share the Good News of Christ's love with others, and join in the Catholic Christian community of the school. This Family-School Agreement is intended to further these purposes. Catholic schools in the Diocese of Lansing are open to all students; however, we are not a private or alternative school system.

When enrolling their child(ren) in a Catholic school in the Diocese of Lansing, be it parochial, diocesan, or independent, parent(s) or legal guardian(s) (hereafter, "parents") are asked to sign the Family-School Agreement. In signing the Family-School Agreement, it is understood that:

- a. All children are welcome in the Catholic schools in the Diocese of Lansing. As part of enrollment, parents must sign the Family-School Agreement.
- b. Our schools exist to pass on the Catholic faith in its fullness to students and to form disciples of Jesus Christ. Parents and schools are partners in this mission; parents are expected to cooperate fully in it and shall supervise their children in accordance with this agreement.
- c. As partners in this mission, students and their parents are all part of the school community. As such, students and their parents agree to live their lives in a way that supports, rather than opposes, the mission of the school.

The school joyfully exercises its responsibility to teach Catholic faith and morals in all fullness. Parents whose religious practices and beliefs run counter to Church teaching might experience conflicts as we maintain mission integrity. Sincere questioning of the practices and doctrines of the Catholic faith—whether by students or their parents—in order to more deeply understand them are welcome; but openly hostile or persistent defiance of Catholic truths or morality are a violation of the Family-School Agreement and may result in denial of admission or dismissal from the school.

#### 2024-2025 Family-School Agreement

#### **Diocese of Lansing**

As parents/guardians, we ask St. Mary School to help us in educating and forming our child(ren). We understand and agree that our child(ren) will be taught the teachings of the Catholic Church in their fullness. Our intention is to respect and cooperate with school policies and with those providing a Catholic-based education to our child(ren)—the priests, principal, teachers, parishioners, and all school personnel. We pledge our full cooperation with the school to prepare our child(ren) to be disciple(s) of Jesus Christ. We will make every effort to supervise our child(ren) in accordance with this agreement.

Name of Father/Legal Guardian	Signature:
Name of Mother/Legal Guardian	Signature:
Name(s) of Child(ren):	Grade:

St. Mary School accepts your request and commitment for a Catholic education and formation for your child(ren). We acknowledge our obligation to assist you in your responsibility of educating your child(ren). We will make our best effort to form your child(ren) as disciple(s) of Jesus Christ, according to the teachings of the Catholic Church.

Principal's Signature:  $Veronica~\mathcal{K}insey$ 

## 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.



## **Registration Instructions**

Before or after your first Protecting God's Children session (but not both), you will need to register with the VIRTUS Program. This is required of all participants. If you do not have Internet access, and cannot temporarily gain Internet access via school, university, library, work, home or other means, please register with your Facilitator or your VIRTUS Coordinator.

Go to http://www.virtusonline.org

On the left-hand side of the page, click the yellow link labeled "Registration."

Choose the name of your organization from the pull-down menu by clicking the downward arrow and highlighting your organization. Once your organization is selected, click "Select."

Create a user ID and a password you can easily remember. This is necessary for all participants. This establishes your account within your Diocese and the VIRTUS program. If your preferred user ID is already taken, please choose another ID. We recommend the use of email addresses as user names. Click Continue to proceed.

Provide the information requested on the following page. Several fields are required, such as name, address, phone number and e-mail address. Click Continue to proceed.

- If you do not have an email address, consider obtaining a free email account at mail.yahoo.com, or any other free service. This is necessary for your VIRTUS Coordinator to communicate with you. If you cannot obtain an email address, enter: noaddress@virtus.org. This will notify your VIRTUS Coordinator that you do not have an email address.
- If you do not have personal Internet access, and you are not able to obtain temporary Internet access for one hour per month, complete the registration process and your VIRTUS Programs Coordinator will contact you. Other options are available for your continued training.

THE NATIONAL CATHOLIC RISK RETENTION GROUTE INC.

WIRTUS Online

Reviewing the Basics of Abuse Prevention

Conversation Guidelines for Parents: Be Aware

(Featured September 20, 2004)

By Erika Tyner Allen, Esq., Independent consultant and Parent

Whoever causes one of these little ones (children) who believe in me to stumble, it would be better for him to have a great millistone hung around his neck and to be drowned in the depth of the sea.

Whoever causes one of these little ones (children) who believe in me to stumble, it would be better for him to have a great millistone hung around his neck and to be drowned in the depth of the sea.

— Matthew 18:5-6

— Matthew 18:5-6

Next Week...

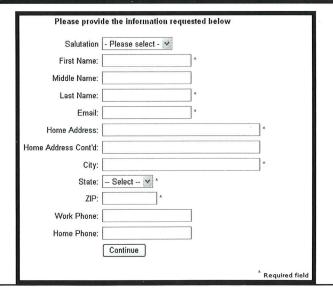
Please select your Archdiocese/Diocese/Religious Organization from the list below:
- Select your organization -----> Select

Please create a user id and password that you will use to access your account

Create a User ID:

Create a Password:

Continue



Select the PRIMARY location where you work, volunteer or worship. You will be able to select additional locations later if you serve at multiple locations within your organization. Click Continue to proceed.

Please select the primary location where you work, volunteer or worship

Location: - Please select 
Continue

If you are associated with multiple locations, please choose the primary (work) location first. Then click the continue button to select additional locations such as those where you volunteer or worship.

## IRTUS Online

## **Registration Instructions**

This is the list of locations with which you are associated: Your current list of locations is displayed. If you need to add an St. Josephs Parish (Tulsa) additional location, choose YES. Otherwise, choose NO. Do you need to add another location? YES NO Please select the roles that you play within your diocese Please check all that apply. ☐ Candidate for ordination ☐ Parent Select the role(s) that you serve within your organization. Please ☐ Deacon ☐ Priest check all roles that apply. Additionally, if you have a title within ☐ Educator □ Volunteer your diocese, enter it in the box. I.e. Teacher, DRE, Catechist. ☐ Employee etc. Click Continue to proceed. If you have a title within your diocese, please enter it here: Continue Are you a parent or guardian of a child under 18? Answer three YES/NO questions and then click Continue. O Yes O No O I choose not to answer this question Have you already attended a Protecting God's Children Session? If you have already attended a Protecting God's Children Session, click YES, otherwise click NO. NO Please select the session you wish to attend Unless otherwise noted all sessions are conducted in English. If you chose NO during the previous step, you will be presented O Protecting God's Children for Adults with a list of all upcoming sessions within your organization. When you find the session you would like to attend, click the circle Where: Test Site (Tulsa) next to the title. When: Monday, October 25, 2004 6:00 PM If you chose YES during the previous step, skip this step. Estimated time: 3 hrs Spaces remaining: 7 of 25 If you chose YES, you will be presented with a list of all sessions Please select the session you attended that have been held within your organization. Choose the session -- Please select -you attended by clicking the downward arrow and highlighting the session, and then click Complete Registration. Complete registration You will see a message on your screen confirming that you have Thank you for completing the registration process. completed the registration process. If you correctly entered your email address during the process, you will receive an email confirming your information. Additionally, your Virtus Coordinator Thank you for registering for a Protecting God's Children session and with VIRTUS Online. You will receive an email confirming your registration for the session you selected. may contact you via e-mail with information regarding your continuing training status. After you attend your session, your account request will be reviewed by your Coordinator. You will be notified via email when your VIRTUS Online account is activated. If you have additional questions about the registration process. please contact your session's facilitator, your Virtus Coordinator, Go to VIRTUS Online Close Browser or the VIRTUS Help Desk at 1-888-847-8870.



## 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 o want to take prudent measures to protect our hu history background checks be conducted for all contact with a child, the elderly or persons with which assures the best possible program and saf background checks at your Parish/School/Centre	man ar school disabi fety for	nd m /chu lities all a	aterial resources. The rch personnel and vo . Please complete thi and return this form t	erefore, the lunteers, s form of	ne diocese mandates that criminal who may have unsupervised basic information about you,			
Name (First, Middle, and Last):	Contact Phone Number:				*Date of Birth:			
Known by any other name(s)(Maiden Name/Previous Names or	Aliases U	Jsed):						
Address:		City:		State:	Zip:			
Number of years living in Michigan:		Home Phone:						
Position/Title for which you are seeking /volunteering(ex: Teach	ner, Janito	or, Vo	unteer Coach, Music Ministe	er, Chaperon	e, Lunch Room Helper, etc):			
Driver's License #:	State: *Race		*Race	*Sex				
Disclosure/Authorization:  The Diocese of Lansing hereby discloses and I is my background may be made, to assess me in concentration. These reports may be obtained before volunteer assignment and may consist of a crim employment verification, credit check, and/or perform the performance of Human Resources and/or will be kept confidential and will be used only the school, parish, or agency, or volunteer for the about I authorize the Diocese of Lansing or a designate without reservation, any party contacted to furnity photocopy of this authorization to be as valid as In addition, I agree to abide by the policies, proofuture.	onnectic initial inal his ersonal or a deso deter bove not the design of the design of the design of the design of the original initial initia	ion version ve	with hire or volunteer or volunteer assignment background check, or crences using the serviced outside firm. The emy suitability to we centity.  The emy suitability to we centity.  The reporting agency to the above-mential for purposes conductions.	assignment or dudriving revices of the information at the coordinate of the coordina	ent, promotion or reassignment or aring my employment or cord, education verification, ne Diocese of tion received, including this form, Diocese of Lansing, a diocesan the information and authorize formation. Further, I will allow a necessary investigation.			
Signature	_		Date					
*NOTE: Date of birth, sex, and race are being reques	ted onl			tion in obt -ansing	aining accurate retrieval of records.			

 ${\sf Clinton} \; \cdot \; {\sf Eaton} \; \cdot \; {\sf Genesee} \; \cdot \; {\sf Hillsdale} \; \cdot \; {\sf Ingham} \; \cdot \; {\sf Jackson} \; \cdot \; {\sf Lenawee} \; \cdot \; {\sf Livingston} \; \cdot \; {\sf Shiawassee} \; \cdot \; {\sf Washtenaw}$ 



## 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 or want to take prudent measures to protect our hur history background checks be conducted for all contact with a child, the elderly or persons with which assures the best possible program and safe background checks at your Parish/School/Central	man and m school/chu disabilities ety for all	naterial resources. The arch personnel and vosts. Please complete the and return this form	erefore, the oblunteers, whis form of ba	diocese mandates that criminal no may have unsupervised asic information about you,	
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: Teach	er, Janitor, Vo	lunteer Coach, Music Minist	er, Chaperone, L	unch Room Helper, etc):	
Driver's License #:	State:	*Race	*Sex		
Disclosure/Authorization:  The Diocese of Lansing hereby discloses and I was background may be made, to assess me in conferention. These reports may be obtained before volunteer assignment and may consist of a criminal employment verification, credit check, and/or performed performed to Human Resources and/or will be kept confidential and will be used only to school, parish, or agency, or volunteer for the about I authorize the Diocese of Lansing or a designate without reservation, any party contacted to furning photocopy of this authorization to be as valid as In addition, I agree to abide by the policies, proof future.	onnection vinitial hire inal history ersonal reformation determination over noted ed consumsh any or a the original	with hire or volunteer or volunteer or volunteer assignment of background check, erences using the servated outside firm. The emy suitability to we entity.  The reporting agency the firm of the above-mental for purposes conductions.	r assignment ment or during driving reconvices of the late information ork at the Diagonal the to obtain the minimal the neutron the neutr	in promotion or reassignment or any employment or any employment or and, education verification, Diocese of an received, including this form, ocese of Lansing, a diocesan information and authorize mation. Further, I will allow a cessary investigation.	
Signature	_	Date		_	
*NOTE: Date of birth, sex, and race are being reques  Ann Arbor  Clinton · Eaton · Genesee · Hillsdale ·	· Flint	· Jackson ·	Lansing		