

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 (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](https://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 PRESCHOOL TUITION RATES 2024-2025

Morning Friends Ages 3 & 4

8:15 AM – 11:15 AM

\$1300.00	\$1700.00	\$2185.00	\$2670.00
2 Days	3 Days	4 Days	5 Days

School Day Friends

8:15 AM – 3:15 PM

\$2480.00	\$3660.00	\$4836.00	\$5460.00
2 Days	3 Days	4 Days	5 Days

All Day Friends With AM/PM Latchkey

6:45 AM – 6:00 PM

\$3267.00	\$4836.00	\$6412.00	\$7198.00
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, 2022.**

ST. MARY PRESCHOOL
FAMILY REGISTRATION/TUITION CONTRACT 2024-2025

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, 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 schedule set forth herein.

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 preschool” student and 4 years of age by September 1st if planning to enroll as a “4 year 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 checklist of items that must be turned in with your registration paperwork in order to hold your spot in the program:

- Registration/Tuition Contract (with selection of program choice & dates)
- FACTS Tuition Enrollment & Deposit Fee
- Child Information Record (be sure to read directions and fill in all spots)
- Health Appraisal Form (must include doctor signature)
- Immunization Record or Current Immunization Waiver
- Copy of Birth Certificate
- Copy of Baptismal Certificate (if applicable)
- Concussion Form
- Photo Release Form
- Topical/Non-Prescription Permission Form
- Written Information Packet Documentation Form (handbook available on-line)
- Parent Notification of the Licensing Notebook
- Volunteer Background Check Acknowledgment Form (if you would like to volunteer in the school, one per guardian.)
- Copy of Virtus Training Certificate (if you would like to volunteer in the school)

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)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd 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 <input type="checkbox"/> No <input type="checkbox"/> 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 / /
PARENT/GUARDIAN (Last, First, Middle)		HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	If yes, list medications:
Reason for Medication _____				
_____/_____/_____ Parent/Guardian Signature Date				Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> 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	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	Reading: _____ Type: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				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: / /

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

		SECTION IV - RECOMMENDATIONS	
		(Required for Child Care and Head Start/Early Head Start)	
No	Yes		
<input type="checkbox"/>	<input type="checkbox"/>	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:	
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness?	
		If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other	
Other Recommendations			

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

child's name

Dentist's Signature

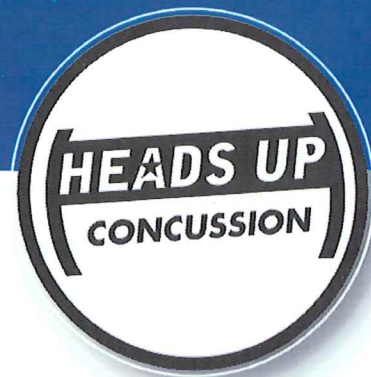
Date

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

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

Rev. July 2015

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

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

The logo features the words "HEADS UP" in a bold, white, sans-serif font. The text is set against a dark, curved background that resembles a banner or a stylized helmet. A small white star is positioned between the words "HEADS" and "UP".

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://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
2024-2025

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
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number
------------------------------------	------------------------------------

A written information packet has been provided at the time of enrollment. The packet included all the following information (R 400.8146 (1-2)):

- 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, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. (CENTER MUST CHECK ONE)
 - ☐ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, 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.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

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

LARA is an equal opportunity employer/program.

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

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I have read the above statement issued by _____

Name of Child Care Center

Child(ren)'s Name(s):	
--------------------------	--

Parent Name _____

Parent Signature _____

Date _____

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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 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.

Ann Arbor • Flint • Jackson • Lansing

Clinton • Eaton • Genesee • Hillsdale • Ingham • Jackson • Lenawee • Livingston • Shiawassee • Washtenaw



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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.

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Ann Arbor • Flint • Jackson • Lansing

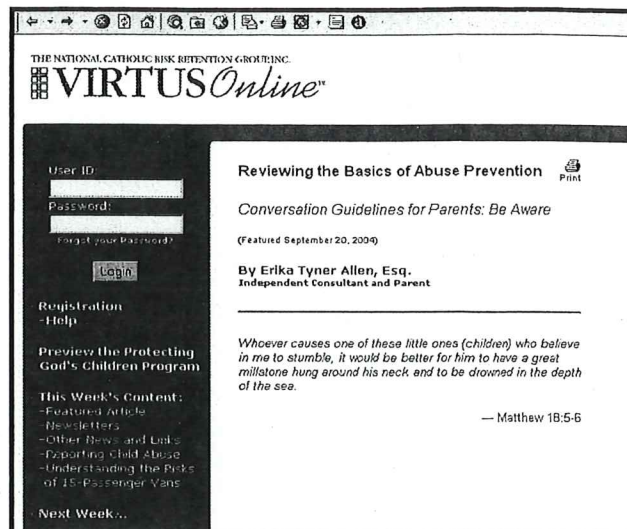
Clinton • Eaton • Genesee • Hillsdale • Ingham • Jackson • Lenawee • Livingston • Shiawassee • Washtenaw

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."



The screenshot shows the VIRTUS Online website interface. On the left, there is a sidebar with links: "User ID", "Password", "Forgot your Password?", "Login", "Registration", "Help", "Preview the Protecting God's Children Program", "This Week's Content" (with sub-links: Featured Article, Newsletters, Other News and Links, Reporting Child Abuse, Understanding the Perils of 15-Passenger Vans), and "Next Week...". The main content area is titled "Reviewing the Basics of Abuse Prevention" and includes a "Print" button. Below this is a quote: "Conversation Guidelines for Parents: Be Aware (Featured September 20, 2009) 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 millstone hung around his neck and to be drowned in the depth of the sea. — Matthew 18:5-6".

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."

Please select your Archdiocese/Diocese/Religious Organization from the list below:

- Select your organization ----->

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.

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

Create a User ID:
Create a Password:

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.**

Please provide the information requested below

Salutation:

First Name: *

Middle Name:

Last Name: *

Email: *

Home Address: *

Home Address Cont'd:

City: *

State:

ZIP: *

Work Phone:

Home Phone:

* Required field

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:

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.

Registration Instructions

Your current list of locations is displayed. If you need to add an additional location, choose YES. Otherwise, choose NO.

This is the list of locations with which you are associated:

St. Josephs Parish (Tulsa)

Do you need to add another location?

Select the role(s) that you serve within your organization. Please check all roles that apply. Additionally, if you have a title within your diocese, enter it in the box. I.e. Teacher, DRE, Catechist, etc. Click Continue to proceed.

Please select the roles that you play within your diocese

Please check all that apply.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Candidate for ordination | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Deacon | <input type="checkbox"/> Priest |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Employee | |

If you have a title within your diocese, please enter it here:

Answer three YES/NO questions and then click Continue.

Are you a parent or guardian of a child under 18?

- ☐ Yes
☐ No
☐ I choose not to answer this question

If you have already attended a Protecting God's Children Session, click YES, otherwise click NO.

Have you already attended a Protecting God's Children Session?

If you chose **NO** during the previous step, you will be presented with a list of all upcoming sessions within your organization. When you find the session you would like to attend, click the circle next to the title.

If you chose YES during the previous step, skip this step.

If you chose **YES**, you will be presented with a list of all sessions that have been held within your organization. Choose the session you attended by clicking the downward arrow and highlighting the session, and then click Complete Registration.

Please select the session you wish to attend

Unless otherwise noted all sessions are conducted in English.

☐ Protecting God's Children for Adults

Where: Test Site (Tulsa)

When: Monday, October 25, 2004
6:00 PM

Estimated time: 3 hrs

Spaces remaining: 7 of 25

Please select the session you attended

-- Please select --

You will see a message on your screen confirming that you have 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 may contact you via e-mail with information regarding your continuing training status.

If you have additional questions about the registration process, please contact your session's facilitator, your Virtus Coordinator, or the VIRTUS Help Desk at 1-888-847-8870.

Thank you for completing the registration process.

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.

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.

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.