



Welcome to Kindergarten

AT BLESSED SACRAMENT

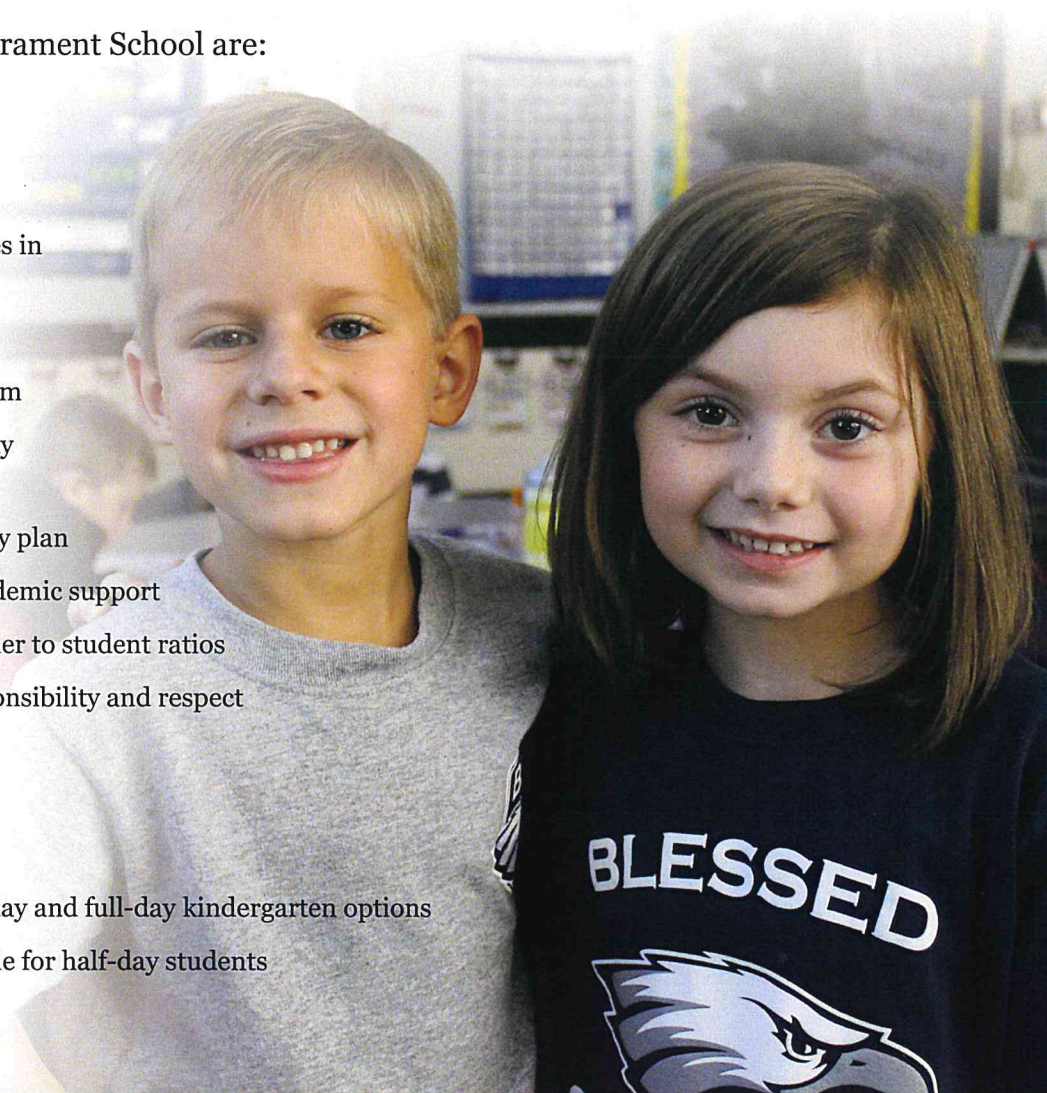
Your child will enter kindergarten with a sense of wonder that will be nurtured throughout their school year. Spiritually, academically, and socially, kindergartners receive the time, attention, and stimulation needed to foster growth and development. Instruction is differentiated and individualized for each student.

The *Strengths* of Blessed Sacrament School are:

- ☐ Catholic value-based teaching
- ☐ Differentiated lessons to meet the individual needs of students
- ☐ Remediation and enrichment services in reading, math and speech
- ☐ Instructional aides in grades K-3
- ☐ Progressive and innovative curriculum
- ☐ Dedicated and highly qualified faculty and administration
- ☐ A comprehensive building technology plan
- ☐ An intervention team to provide academic support
- ☐ Small class sizes with desirable teacher to student ratios
- ☐ Positive discipline that stresses responsibility and respect

Kindergarten *Options*:

- ☐ Blessed Sacrament offers both half-day and full-day kindergarten options
- ☐ Transitional options are also available for half-day students





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Kindergarten Application

To be returned to:
Blessed Sacrament School
2407 Dixie Hwy.
Ft. Mitchell, KY 41017
bssoffice@bssky.org

Table of Contents / please return:

- | | |
|---|---|
| 1. School Fees | 9. Emergency Contact Information |
| 2. Student & Parent Info | 10. Authorized Pickup Form |
| 3. Student Medical Information | 11. Bus Service – Street List & Registration
(optional) |
| 4. Student Academic Information | 12. Volunteer/Virtus Process (information
only/don't need to return) |
| 5. Custodial Information | 13. Copy of Birth Certificate |
| 6. Photo Release | 14. Copy of Baptismal Certificate |
| 7. Immunization Record (Due June 30) | 15. Copy of Social Security Card |
| 8. Sample Health Forms (Immunization & Physical
Examination – for reference) | |

2023-2024 School Fees:

Half Day Kindergarten: **\$240.00 per child if paid with cash or check. \$250.00 if paid with a credit card.**

Full Day Kindergarten: **\$385.00 per child if paid with cash or check. \$395.00 if paid with a credit card. Contact Mrs. Enzweiler in the school office to pay half now and half in May.**

Please note: School fees include books, supplies, field trips, and cafeteria management fee. They are due at the time of application and are non-refundable after 5/15/2023.

Name: _____

Card # _____

Expiration Date _____ 3 digit PIN _____

Return this information by February 15, 2023. Thank you.



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Kindergarten Application

Student & Parent Info

Full Day _____ Half Day AM-Kindergarten _____ Half Day w/ Full Days Added _____
Which Days? T/TH _____ M/W/F _____

Student

NAME _____ S.S.# _____ SEX _____ RACE _____
Last First

Name you wish your child to be called in class: _____

Address _____
Street City State Zip

Date of Birth _____ City _____ State _____

Date of Baptism _____ Church _____ City _____ State _____

Child lives with: Circle one: FATHER MOTHER BOTH

If divorced, please fill out Custodial Information (found in packet). Please list the names of step-parents/guardians who help care for the child. Custody documents must be on file in the school office.

PARENT - GUARDIAN INFORMATION

MOTHER INFORMATION					FATHER INFORMATION				
Name:		Maiden _____			Name:		First _____		
Last		First			Last		First		
Occupation:					Occupation:				
Cell:		Home # _____			Cell:		Home # _____		
Business Phone: _____					Business Phone: _____				
Permission to share Cell phone # <input type="checkbox"/> Yes <input type="checkbox"/> No					Permission to share cell phone <input type="checkbox"/> Yes <input type="checkbox"/> No				
Email Address: _____					Email Address: _____				
Permission to share email address <input type="checkbox"/> Yes <input type="checkbox"/> No					Permission to share email address <input type="checkbox"/> Yes <input type="checkbox"/> No				
Education: _____					Education: _____				
Birthdate: _____					Birthdate: _____				
Religion: _____					Religion: _____				
MARITAL STATUS					MARITAL STATUS				
Single	Married	Separated	Divorced	Remarried	Single	Married	Separated	Divorced	Remarried
(Step-Mother): _____					(Step-Father): _____				



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Kindergarten Application Info Continued

1. Are you a registered member of Blessed Sacrament Parish as of December 31 of last year?

Yes_____ No_____ Month_____ Year_____

(Active Parishioner_____ Inactive/non-Parishioner_____)

If registered and active at another Parish, list Parish here_____

2. Do you have a child presently enrolled in our school? Yes_____ No_____

3. List the name of the preschool or school your child attended. _____

It is necessary that the school office have a COPY of your child's birth certificate, baptismal certificate, and social security number.

Fees are non-refundable after 5/31 and due at the time of registration to hold your child's spot.

Blessed Sacrament School utilizes FACTS Tuition Management Co. for tuition payments. Each new school family will receive additional instructions in order to create a FACTS tuition account.

How did you hear about Blessed Sacrament School?

Thank you!



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Student Medical Information

Date Updated:

<u>NAME OF CHILD:</u>	
<u>DOCTOR:</u>	
<u>Address:</u>	
<u>Phone:</u>	
<u>DENTIST:</u>	
<u>Address:</u>	
<u>Phone:</u>	
<u>INSURANCE:</u>	
<u>HOSPITAL:</u>	

1. Does your child have any allergies (drugs, food, insects, grass, pollen, animals, latex etc.)? **Yes No**
 - a. If yes, please list: _____
 - b. What do you do for a reaction? _____
2. Does your child have any illnesses or health conditions? _____
3. Is your child on any medication on a routine basis at home? _____
4. Will your child be taking any medication during school hours? _____
 - a. If so, the medication must be brought by an adult to the school office and a permission slip must be completed by the parent. Students are not permitted to carry medicine with them during the school day. Permission slips for Asthma and Food Allergy Medications are also in the office.
5. Does your child have any physical disabilities? _____
6. Does your child have any limitation on activities? _____
7. Does your child need any special attention because of health problems? _____

8. Is your child physically able to participate in regular physical education classes? **Yes No**
 - a. A written excuse is necessary for a student to be excused from physical education classes.

I acknowledge that this form was completed as honestly and accurately as possible.

Parent Name: _____

Date: _____



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Student Academic Information

Name of Child: _____

Current Grade: _____ Date: _____

1. Has your child been seen by a speech therapist or occupational therapist?

YES NO

If YES – explain

2. Has your child had any academic evaluations by the county or a private physician/psychologist?

YES NO

If YES – explain (include dates of testing)

3. Has your child been evaluated by his/her doctor for attention or psychological issues?

YES NO

If YES – explain (include dates of testing)



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Custodial/Non-Custodial Information

Dear Parents,

The Diocese of Covington requires all parents to complete and return the following regarding child custody. Please return this form with registration papers.

☐

Parents married & living in same residence

☐

Parents divorced / separated with joint custody

☐

Name of custodial parent: _____

Name of non-custodial parent: _____

- 1. Legal documentation naming the custodial parent must be submitted to the Blessed Sacrament school office** (Financial information does not need to be included).
- 2. Instructions regarding distribution of student progress should be submitted to the school office.**
- 3. Instructions regarding release or non-release of students to non-custodial parents must be submitted to the school office.**

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

Signature of Custodial Parent: _____

Date: _____

Diocesan Custodial / Non-Custodial Liability Information on Next Page

Diocesan Custodial / Non-Custodial Liability Information

Blessed Sacrament School sets as one of its major goals the effective communication among the school, the home and the student. Only when all parties are actively engaged in the educational process can we maximize the benefit to the student entrusted to our care. There are, however, rules and laws that we must observe in carrying out this intercommunication. Of particular concern is the situation of the student whose parents are divorced and for whom custody has been granted to one parent.

The federal Family Rights and Privacy Act (Buckley Amendment) provides that "An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights". In Kentucky the education of the child upon divorce of the parents has been addressed by the state in a way that impacts on the above federal legislation. KRS 403.330(1) provides that "Except as otherwise agreed by the parties in writing at the time of the divorce decree, the custodian may determine the child's upbringing, including his education, health care, and religious training, unless the court, after hearing, finds, upon motion by the noncustodial parent, that in the absence of a specific limitation of the custodian's authority, the child's physical health would be endangered or his emotional development significantly impaired"

Thus, our responsibility for the student and the confidentiality of information about student progress at Blessed Sacrament School and the noncustodial parent's rights regarding the child's education are subject to the provisions of state law. Kentucky law stipulates that the custodial parent has the right to "determine the child's upbringing, including his education..." **Therefore, Blessed Sacrament School will not grant the noncustodial parent, or his/her agent, access to the student while at school, will not release the student to anyone other than the custodial parent, except as directed by the custodial parent, and will not permit the noncustodial parent to inspect student records, receive progress reports or participate in teacher conference unless one or more of the following intervene:**

1. The divorce decree specifically authorizes such release and/or participation to the noncustodial parent:
2. Specific, written permission is granted by the custodial parent and is on file in the school:
3. A court order is issued granting permission to release the student, or information about the student, to the noncustodial parent.

We realize that divorce and separation from participation in the life of one's children can be traumatic and emotional. However, Blessed Sacrament School will not be put in the middle of disagreements between divorced parents. It is the parents' responsibility to come to terms on the education of the child and to decide who will be active participants and to what extent. We ask only that the school be given written instructions by the custodial parent on how we are to proceed with respect to requests from the noncustodial parent. Please do not ask the principal or teachers to take sides, to arbitrate familial disagreements or to circumvent the stated instructions of the custodial parent. We will do all in our power to keep lines of effective communication open according to the terms of the documents we have on file.



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Photo Release

Blessed Sacrament School is very aware of the need to protect our children. Children will never be identified by both name and image. Please select an option below and sign/date this page at the bottom.

☐

Yes, as the guardian of the child listed below I do hereby give and grant to Blessed Sacrament School permission to use my child's photograph, student work, or videotaped image in publication, video productions, on the school website, or on social media. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

☐

No, I do not authorize Blessed Sacrament School to use my child's photograph, student work, or videotaped image in publication, video productions, on the school website, or on social media.

Name of student: _____

Signature of Parent: _____

Date: _____



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Immunization Record

In order for your child to enroll in school, you will need to provide us with some health information about your child. A sample of the required health form you will need is attached to this letter and can be obtained from your physician.

1. Immunization Certificate – Prior to the first day of school, your child should be thoroughly examined by his/her doctor. All school children are also required by state law to provide a current Kentucky Immunization Certificate to the school as proof that they are adequately immunized. Have your doctor obtain and complete a Kentucky Certificate and return it to school. Your doctor will place an expiration date on the Certificate. When the Certificate is due to expire, you will be notified. A new Certificate must then be obtained and provided to the school.

2. Hepatitis B Vaccine & MMR Vaccine – It is now required by the Kentucky Health Department for children entering kindergarten to have three doses of the Hepatitis B vaccine and two doses of the MMR vaccine.

3. For out of state physicians – Please tell your physician to call the Kentucky Health Department for a blank certificate that will be mailed to your physician. The health department will not give out blank certificates to parents.

All health forms are due to the school office by June 30th.

Thank you.



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Sample Health Forms

COMMONWEALTH OF KENTUCKY CERTIFICATE OF IMMUNIZATION STATUS

Certificate Issuing Office Name and Address

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle) (Suffix) (MM/DD/YYYY)
Name of Parent: _____
(Last) (First) (Middle) (Suffix)
Address: _____
(Street) (City) (State) (Zip Code)

VACCINE	DOSE 1 MM/DD/YYYY	DOSE 2 MM/DD/YYYY	DOSE 3 MM/DD/YYYY	DOSE 4 MM/DD/YYYY	DOSE 5 MM/DD/YYYY
Hepatitis B	/ /	/ /	/ /	/ /	/ /
Alt. Adult Hepatitis B ¹	/ /	/ /	/ /	/ /	/ /
DTaP/DTP/DT	/ /	/ /	/ /	/ /	/ /
Hib ²	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PCV13)	/ /	/ /	/ /	/ /	/ /
Polio	/ /	/ /	/ /	/ /	/ /
Influenza	/ /	/ /	/ /	/ /	/ /
MMR	/ /	/ /	/ /	/ /	/ /
Varicella	/ /	/ /	/ /	/ /	/ /
Hepatitis A	/ /	/ /	/ /	/ /	/ /
Meningococcal	/ /	/ /	/ /	/ /	/ /
Td	/ /	/ /	/ /	/ /	/ /
Tdap	/ /	/ /	/ /	/ /	/ /
Rotavirus	/ /	/ /	/ /	/ /	/ /
HPV	/ /	/ /	/ /	/ /	/ /
Men B	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PPSV23)	/ /	/ /	/ /	/ /	/ /

¹Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. ²DTaP, DTP, or DT. ³Hib not required at 5 years of age or more.

- ☐ This child is current for immunizations until ____/____/____ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.
- ☐ This child is not up-to-date at this time. This certificate is valid until ____/____/____ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

Reason child is not up-to-date:

☐ Provisional Status - Child is behind on required immunizations.

☐ Medical Exemption - The following immunizations are not medically indicated: _____

If Medical Exemption, can these vaccines be administered at a later date? No: ____ Yes: ____ Date: ____/____/____

☐ Religious Exemption

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHO administrator, RN or LPN designee)

(Date)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.



EPID-230 (Rev 06/2017)

Sample Physical Examination Form

KDE/DDS

KDESHS002

PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____ Gender: M F Grade: _____
Date of Birth: _____ Age: _____ yrs _____ months Preferred Language: _____
Parent or Guardian Name: _____

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: _____

Current Prescription Medications to be taken daily at school: _____

Significant Historical Information: _____

SCREENING RESULTS:

Height: _____ ft _____ inches Weight: _____ BMI: _____ BMI%: _____

Vision	Right 20/____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
		Failed <input type="checkbox"/>				
	Left 20/____	Referred <input type="checkbox"/>		Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
			Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Optional: Hct/HGB: _____ Lead: _____ Urinalysis: _____

Gross dental (teeth and gums)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____
Head/scalp/skin	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____
Chest/Lungs/Heart	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____
Abdomen	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____
Scoliosis assessment	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____

(Over)



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Emergency Contact Information

Date Updated:

This form is to be completed by the parent and submitted to the Blessed Sacrament School office. It is your responsibility to notify the office of any changes. The office phone number is (859) 331-3062.

Parent Last Name

Mother

Father

Children's Names:

Mother

Father

Home Address:

Home Phone:

Place of Employment:

Work Phone:

Cell Phone:

E-Mail Address:

List the two phone numbers you would like us to call first in the event that Blessed Sacrament School needs to contact you.

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____

List two secondary contacts in case the primary contacts are unavailable.

- | | <u>Name</u> | <u>Relationship</u> | <u>Address</u> | <u>Phone</u> |
|----|-------------|---------------------|----------------|--------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

Should we be aware of anyone who is legally not permitted to pick up your child?

- If so, we require court documents stating this.

My children:

Are transported 1 mile or less to and from school by bus.

Are transported more than 1 mile to and from school by bus.

Are transported by car.

Walk home.



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Authorized Pickup

This allows you to authorize individuals other than primary guardians to pick up your children from school. If anyone **A)** picks up your children regularly or **B)** may pick up your children at some point during the school year (family friend, emergency pickup, no-bus days, etc.), please list them on this form **and update their information in Sycamore**. Anyone attempting to pick up your children whose name is not on this list and in Sycamore will be asked for identification and sent to the school office for verification before children are released to them.

Student(s') First Name(s)	Family Last Name

1) The following individuals are authorized to pick up my children (list full first and last name as it appears on their state ID)

- | | |
|----|----|
| A) | B) |
| C) | D) |
| E) | F) |

2) Logon to Sycamore and add the individuals listed above as authorized to pick up your children (instructions below). This can also be completed during registration under 'Family Contacts'.

- A) Login to Sycamore
- B) Click 'My Family' on the left
- C) Click 'Contacts' under 'My Family' on the left
- D) Click 'New Contact' (blue square button at top right)
- E) Add first & last name, phone number, & relationship to the student in the corresponding fields
- F) Check the 'Authorized Pickup' check box at the bottom left of the page. You can also check the box designating them an emergency contact at this time (if desired)
- G) Click 'Add' at the bottom
- H) Ensure everyone authorized to pick up your children is listed and checked as an 'authorized pickup person' (yellow diamond symbol)

3) Check the box, sign, and date below to certify that you have completed all steps.



I certify that I have completed #1 and #2 above and that all of the individuals authorized to pick up my children are **entered into Sycamore** and designated 'authorized pickup'.

Parent Signature	Date



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Bus Service Registration Form

Below is the list of streets from which bus service to Blessed Sacrament school is available. If you live on one of these streets and are interested in utilizing bus service, please fill out the information at the bottom of the page.

Adams/Elliott	Carran Drive	Farmington	Lookout Farm Ct.	Penwood	Ven Deren
Adele	Chase Lane	Flower Court	Lookout Farm Dr.	Quincy	Vernon
Almhurst	Chelsea	Gayle	Lowell	Rock Crystal Lane	Warwick
Anbeth	Claiborne Farm Dr.	Geisen	Mainchase	Rosemont	Violet Dr.
Applewood	Claiborne Farm Ct.	Holiday Lane	Man-O-War	Rose Terrace	War Horse Place
Arcadia	Colony South	Hollow View Circle	Marble Cliff Court	Rossmoyne	Whitney Court
Ashbrook (North/South)	Darby Dan	Hudson	Marble Cliff Drive	Shaker Heights Dr.	Williams
Belle Monte	Dixie Highway	Hurstland Court	Marlow Way	Shaker Road	Winding Way
Bluestone	Druid Lane	Jefferson	Marian Way	Shinkle Road	Winthrop
Brittany Court	Dunster	Kirkland	Mary Jane Court	Spindletop Court	Woodspoint
Brookdale	Duntreath Lane	Lakeside (East/West)	Old Horsebranch	Steeleway Farm Ct.	Yancey
Bryan Station	Elizabeth	Lane Drive	Orphanage	Stevie Ridge	
Buttermilk Pike	Elmsmead Court	Leverett	Parkside Place	Stonewell Trails	
Cahill Ct.	Farmcrest Way	Locust	Parkway	Summit	
Calumet	Farmdale	Long Meadow (Stonewell to End)	Paul Hesser Drive	Turkeyfoot Road	

Bus Service Requested:

☐

AM Only

☐

PM Only

☐

Both AM & PM

Home Address

Street	City	State	Zip

Parent Name(s)	Parent Phone(s)	Parent E-Mail(s)	Emergency Contact?
			<input type="checkbox"/>
			<input type="checkbox"/>

Student Name(s)	Grade Level(s)	Date(s) of Birth



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Volunteering & The VIRTUS Process

THE FIRST STEP

- Go to your parish, school, or institution office. Introduce yourself to whoever is responsible for the Volunteers OR employees. (Parish priest, Principal, Director of the Institution or it could be the head coach of the team for whom you are volunteering or scout leader.)
- Review the rules and regulations (Policies and Procedures for Addressing Sexual Misconduct) and the two forms: 1) Application Form used for reference and Background Check verification and 2) Acceptance Form for the Policies and Procedures for Addressing Sexual Misconduct.
- Fill out the two forms and leave them with the person in charge to give to your coordinator to process through the Diocese. The booklet that goes with the Policies and Procedures for Addressing Sexual Misconduct Acceptance form is available on the www.covdio.org/safe-environment/ website under Addressing Sexual Misconduct Policy and Procedures Booklet.

REGISTERING ON-LINE

"Registering" means opening an account at www.virtus.org. You may only open ONE account. If you know that you already have an account, you may get your id and password by clicking on "Forgot your Password" on the first screen.

Go to www.virtus.org. Click on the Registration link in the left green area of the page. Begin the registration process.

Select Covington, KY (Diocese) in the dropdown list. Create your USER ID. Create a password. Make a notation of these somewhere. You will need them every time you access Virtus. **Do not use your email address as your user id** since no two people can use the same user id. User ID's are case sensitive so, if you have a printer, it's good to print a copy now for yourself.

Your name needs to be entered as your FULL legal name. There is a separate box for a suffix such as Jr, Sr II and III etc. If you use nickname, please enter it in the appropriate box.

Continue filling out your information. Select the Primary location that handled your paperwork. (If you work for the Diocese, select your place of employment as the Primary location and where you volunteer as an additional location. If you volunteer at your home parish and at a high school, please select the home parish as your primary location. You may select more than one secondary location. Please keep your list of locations current online as they change. Substitute Teachers: please list "Substitute Teacher" as your primary location and the school where you will be subbing as secondary.

Select your role in the Diocese. Select Parent only if you do NOT wish to Volunteer and do not want to receive the monthly bulletins. If you wish to be a Volunteer, select Volunteer. Continue your registration. If you are a coach, catechist, scout leader, contracted janitor, please select that option.

Select Yes or No when you get to the page about attending a session. If no, select the session you wish to attend. If yes, you have already attended a session in the Diocese of Covington, you will have the option to select which one you attended. If you attended in another Diocese, please give that information to your primary location. If you register on-line AFTER having attended the class, please email the approximate date and place to msteffen@covdio.org or write that information on your Policies and Procedures for Addressing Sexual Misconduct Acceptance Form that you turn in to the location where you are volunteering or employed.

After you see "Thank you for registering with Virtus Online", click on "Begin Background Check" and follow the prompts.

If you need to change your contact information or locations, enter your id and password. Click on "update my account". Make the desired change. SAVE.

After the initial background check, a Search America background check will automatically run three times per year as long as you remain "active" in Virtus. Please notify your primary location when you wish to become "inactive."

If you have any questions, please contact Marylu Steffen at msteffen@covdio.org or by phone at 859-392-1500 Ext.1565.