



BLESSED SACRAMENT SCHOOL

A FOUR-TIME National Blue Ribbon School of Excellence



1994 - 2007 - 2015 - 2021

Welcome to Preschool

AT BLESSED SACRAMENT

As a part of being “all in,” we are expanding our elementary school to include preschool in the fall of 2023! We are eager to serve more families and students through a Catholic-based program in which students will be developed spiritually, academically, and personally using the Gospel teachings of Jesus Christ.

Our preschool *students:*

- ☐ Must be three years old by January 1, 2023
- ☐ Must be potty-trained
- ☐ Two classes of up to 18 students
- ☐ State-certified lead teachers and full time aide

Our *curriculum* will include:

- ☐ Direct instruction in religion, reading, writing, mathematics, science, music, art, Spanish, PE, and social-emotional learning. Children will have opportunities for hands-on learning, sensory and dramatic play, play time, and peer interaction.

Blessed Sacrament Preschool *schedule:*

- ☐ Preference given to full-time students
- ☐ Five days per week, 7:00 a.m. - 2:00 p.m.
- ☐ Half-day and 2-4 days per week
- ☐ Mirrors the K-8 BSS calendar.

Please *contact us* for more information:

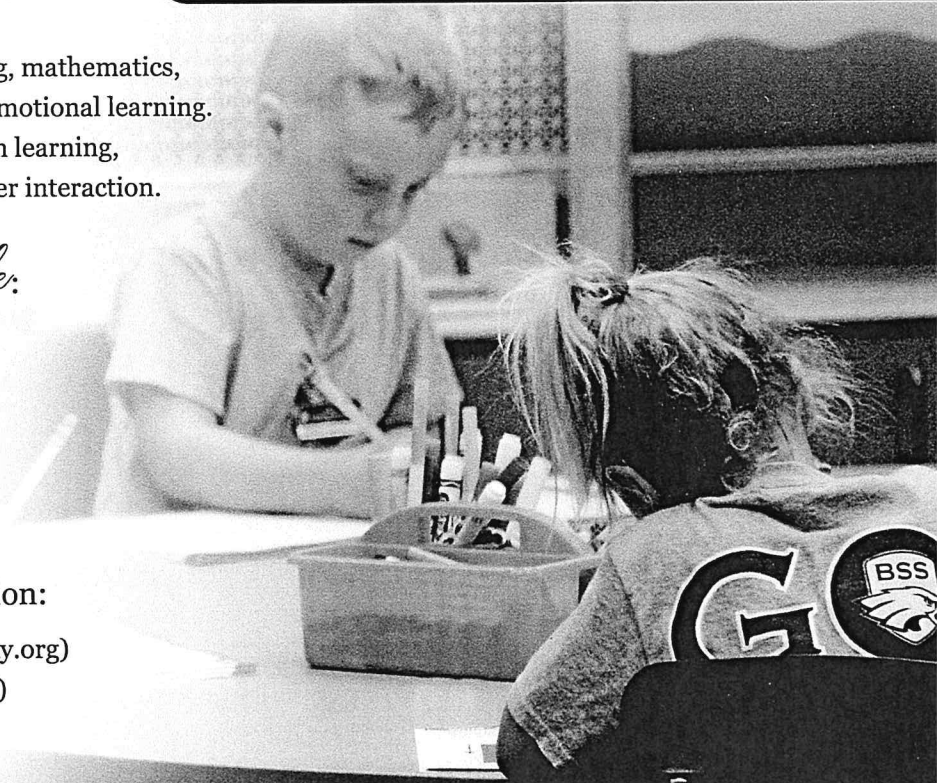
- ☐ Director: Clair Davenport (cdavenport@bssky.org)
- ☐ Principal: Aileen Briggs (abriggs@bssky.org)

Meet our preschool director
and tour Blessed Sacrament School at our

Preschool Open House

December 4, 2022
12:15-2:00pm

December 6, 2022
6:00-7:00 pm



STOP! LOOK! READ ABOUT...

THE VIRTUS PROCESS

THE FIRST STEP

- Review the Policies and Procedures for Addressing Sexual Misconduct booklet that is found on the diocesan website www.covdio.org/safe-environment. Print out the Code of Conduct for the diocese so you are familiar with the rules and regulations required.
- Go to your parish, school, or institution office. Introduce yourself to the VIRTUS coordinator for each location where you are volunteering or are employed. Request the following two forms 1) 2020 Acceptance Form for the Policies and Procedures for Addressing Sexual Misconduct. 2) Volunteer/Employee Application used for reference and background check verification.
- Fill out the two forms and leave them with the person in charge to give to your Virtus coordinator to process through the Diocese. These forms will need to be updated every five years with all locations listed, once your account is activated.

REGISTERING ON-LINE

"Registering" means opening an account at www.virtusonline.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.virtusonline.org, Click on the First Time Registrant 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 that is a minimum of eight letters/characters. 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.** 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 as it appears on your driver's license. There is a separate box for a suffix such as Jr, Sr, II and III etc. If you use a nickname, please enter it in the appropriate nickname 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. Any changes to your list of locations that may need to be made, should be sent to your primary location for assistance

Select your role, title or function the Diocese. 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. **For security reasons, you cannot use a cell phone, landline phone, kindle or tablet to enter a background check.**

The cost for a background is \$50. If you do not want to use a credit card for your background, contact your primary location. You may purchase a "token" for \$50 that enables you to enter the token number in place of a credit card number. It takes

approximately two days for a background check to be marked "complete". If your background says "pending," that means it is being processed. Please do not re-enter your information and pay another fee but keep checking your status. If you see that you have entered the incorrect social security number, please notify Selection.com by Live Chat right away to avoid any additional fees. If you enter the incorrect date of birth, you will need to submit another background check with an additional cost of \$50.

Your account will not be viewable until all your paperwork has been processed, Virtus training approved, and your Selection background check is completed. Please do not register a second time. You will receive an email from system@virtus.org that your account is activated.

REGISTERING WITHOUT SIGNING UP FOR A CLASS

It is important that you register immediately whether you select a class or not so that your paperwork can be processed.

On the page that asks you to sign up for a class, scroll to the bottom and click on "submit registration".

The system will then say, "You did not select a training session. Do you want to select a training session at this time? Say "NO".

The system will then say, "If you do not select a session now and are required to attend one, you will need to come back to this site, log in and select a session at a later date." Say, "Okay".

The system will tell you that you have successfully registered.

CHANGING A CLASS CHOICE

If you need to change a training session that you have previously chosen, enter your user id and password.

1. **Current Training** Tab – Register for an upcoming session will be underlined. Click here, the next screen **under** the posting of your VIRTUS training you originally selected, once you click here the list of available VIRTUS trainings will pop up for you to choose from.
2. Choose from the dropdown list the training of your choice.

Protecting God's Children for Adults training will be updated every five years through a module on your activated account.

YOUR ACCOUNT IS ACTIVE

Your account is active after (1) the Policies and Procedures for Addressing Sexual Misconduct Acceptance Form is recorded, (2) your background check has been processed and completed (3) your class attendance has been verified.

You will receive an email from VIRTUS with your user id when your account is open. Be sure that your spam blocker is setup to accept emails from system@virtus.org. Now you will be ready to start processing your bulletins. Bulletins are posted on the first Sunday of each month on your VIRTUS account. To stay in compliance, process each bulletin within 30 days. Due dates will be published in the *Messenger* and in parish bulletins, school newsletters, etc.

If you go beyond 30 days, your **Training Bulletin** Tab will turn red, letting your "locations" know that you are not currently volunteering. If for some reason, you have fallen behind 1 or 2 bulletins, have a valid reason why your account is in suspension and you need to currently volunteer, you make the request through your school, parish or agency. Once your account is unsuspended your **Training Bulletin** Tab will be red with "Read the Bulletin" underlined. Click on this link to open your training bulletin history that will show which bulletin(s) needs to be read and updated. If your account has 12 or more outstanding bulletins, it will be inactivated. You will not be able to volunteer or be employed. To be reactivated reach out to your primary or any location listed on your account. You will need to re-process your Selection background check.

Please register only ONCE. Opening more than one account causes confusion and keeps you from remaining compliant.

Go to www.virtusonline.org, enter user id and password. Click on **My Info** to update your contact, email or physical address. To update locations, reach out to your primary location's VIRTUS coordinator which is listed under the **Contact** Tab.

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."

Your background check will need re-processed every five years.

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

(Revised 6--1-2022)



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Preschool 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. Volunteer/Virtus Process (information only/don't need to return) |
| 4. Student Academic Information | 12. Copy of Birth Certificate |
| 5. Custodial Information | 13. Copy of Baptismal Certificate |
| 6. Photo Release | 14. Copy of Social Security Card |
| 7. Immunization Record (Due June 30) | |
| 8. Sample Health Forms (Immunization & Physical Examination – for reference) | |

2023-2024 School Fees:

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

Full Day Preschool: **\$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, and daily snacks. 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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Preschool Application Student & Parent Info

Full Day Preschool _____ Half Day AM Preschool _____ Half Day PM Preschool _____

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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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: _____



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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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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 ⁵	/ /	/ /	/ /	/ /	/ /
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. *DTaP, DTP, or DT. *Hib 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 Objection

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)

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 Prescribed 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"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/ _____	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>			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: _____



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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.