



St. Joseph Catholic Elementary School
Building strong minds, hearts, and spirit

Dear Parents,

Thank you for choosing St. Joseph Catholic Elementary School for the education of your child. We strive to provide a superior academic and faith-based program for the children of our parish. We consider the education of your child to be a partnership between the parents and the school community.

Please review the attached registration materials. Registration for current families will be February 10th – February 25th. Registration for NEW families will begin on February 25th. **The completed forms should be returned to the School Office in the enclosed envelope by February 25th for current families and March 11th for new families.** It is important that Registration forms are returned promptly so that classes can be determined for next year.

Resource Fees and Tech Fees are due by March 18th. The School Resource Fee is non-refundable and due at Registration. The Resource Fee includes activity fees, book fees, lab fees, and art supplies. Contact the Parish Office before March 18th if you need to make other arrangements for payment of the Resource and Tech Fees. Tech Fees are \$30 per child. We will follow the fee schedule listed below for the Resource Fee:

1 Child - \$235 2 Children - \$470 3 Children - \$705 4 Children - \$940 5 Children - \$1175

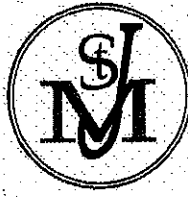
Parents in need of financial assistance or a customized family payment plan are reminded to fill out the FACTS application forms used by the Archdiocese. These forms will be used by both the Archdiocese and the Parish to determine who receives financial aid. Application Packets are available in the School and Parish Offices as well as on-line at www.factstuitionaid.com. **The packets are due by April 1st.** Copies of your 2010 Tax Return, W-2's, plus a \$25.00 processing fee should be included with your application. If you have any questions about the financial aid process, please contact Jim Sigillito at the Parish Office (636-227-5247). Father Santen is committed to providing a Catholic education for any parish family who seeks to enroll their children in our school.

You may choose to mail the forms or turn them in personally. A checklist has been included to help complete your registration packet. You will be informed if a class has filled up and you have been placed on a waiting list. All new students and incoming Kindergarten students need to complete the "New Student Registration" form found in this packet. Please include a copy of your child's Birth Certificate and Baptismal Certificate along with this information. **Health Forms need to be filled out and Physical Exams completed by July 15th for all new students, and incoming Kindergartners, 3rd and 6th graders in order for them to begin the 2011 school year.** Be sure to make doctor appointments early, because they fill up during the summer months.

Our faculty and staff encourage your children to live the four-fold mission of Catholic Education: Service, Worship, Message and Community. We work together with you to make these Gospel values the centerpiece of our school's educational program. The strong support of our priests, faculty and staff, parents, and parishioners promotes a caring, nurturing, Catholic environment for our children. We value your strong parental support and dedication. We look forward to working closely with you as we educate your child in our Catholic Faith. Please do not hesitate to call if you have any questions.

Sincerely,

Mrs. Jeannie Dandino
Principal



St. Joseph Catholic Elementary School

Registration 2011-2012

This packet contains all of the information you will need to register your child(ren) for the 2011-2012 school year at St. Joseph School.

1. Review and complete all of the following forms:
 - a. Registration Form – *(For all currently enrolled families only - You can update your family information on-line in FastDirect instead of completing this form!! Login to FastDirect, and click on Parent Data. Update all fields. **)*
 - b. St. Joseph Family Emergency Information Form – 2011-2012
 - c. New Student Form/s – (if applicable)
 - d. Witness Statement
 - e. Media Authorization Form
 - f. Physical Form (for students entering Pre-School, Kindergarten, 3rd & 6th Grades, and Transfer Students.)
 - g. Worker Registration Form (unless you have been cleared to volunteer or perform recess/floater duty at school.)
 - h. Archdiocese of St. Louis “Commitment to Ethical Conduct for Clergy, Employees and Volunteers Working with Minors”.
 - i. 2011-2012 Financial Commitment Form
 - j. St. Joseph School Tuition Payment Options
 - k. Authorization Agreement for Preauthorized Payments

2. Registration Forms are due in the School Office by February 25, 2011. Full payment of Resource and Tech Fees must be received by March 18, 2011, in order to secure a place for your child/children at St. Joseph School for the 2011-2012 School year. Information returned past the deadline date will be processed on a first come, first served basis.

** If you choose to complete your “Registration” form on-line (see #1 above), you will need to have a “Screen Name” and “Password” for FastDirect. All St. Joseph Parents have a screen name and password. If you do not have either, or have forgotten, or if you are having problems logging into FastDirect, please contact the school office at 636-391-1253 or email kmcgrath-ray@stjoemanchester.org for assistance.



**ST. JOSEPH CATHOLIC ELEMENTARY SCHOOL
CURRENT STUDENT REGISTRATION 2011-2012**

For Office Use Only
Date Rec: _____
Pd Resource Fee _____
Pd Tech Fee _____
Amount \$ _____
Check # _____

Family Name: _____

Name of Primary Contact to be used in School Database: *Father* *Mother*

Student(s) Name _____ *Grade Entering – Aug 2011* _____

_____	_____
_____	_____
_____	_____
_____	_____

UPDATE YOUR FAMILY INFORMATION ONLINE IN FASTDIRECT OR COMPLETE THIS FORM TO RE-REGISTER.
Forgot your login & password? Call 636-391-1253.

____ YES, I updated this information on-line.

____ NO, I used this form only.

Father	Name _____	
Address _____		
City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____	
Email _____		
Employer _____	Occupation _____	
Employer's Address _____		
City _____	State _____	Zip _____
Work Phone _____	Religion _____	

Mother	Name _____	
Address, only if different than above _____		
City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____	
Email _____		
Employer _____	Occupation _____	
Employer's Address _____		
City _____	State _____	Zip _____
Work Phone _____	Religion _____	

Student(s) lives with (please check one):

Both Parents _____ Mother _____ Father _____ Custodial Parent is _____
Guardian _____ Guardian Name _____

If divorced, please supply custody papers to school office.

Please indicate the Public Grade School and Middle School, as well as the School District in which you live.

District _____
Grade School _____ Middle School _____



ST. JOSEPH CATHOLIC ELEMENTARY SCHOOL

NEW STUDENT REGISTRATION 2011-2012

(Please complete one form for EACH student.)

For Office Use Only
 Date Rec: _____
 Pd Resource Fee _____
 Pd Tech Fee _____
 Amount \$ _____
 Check # _____

Student _____ Grade in 2011-2012 _____
 Last First Middle

If student is transferring from another school, please provide:
 School _____ City _____ State _____
 Date Withdrawn _____ Reason _____

Date of Birth _____ City _____ State _____
 Date of Baptism _____ Church _____ City _____ State _____
Please include a copy of BIRTH CERTIFICATE and BAPTISMAL CERTIFICATE with this form.
 Date of Reconciliation _____ Church _____ City _____ State _____
 Date of Confirmation _____ Church _____ City _____ State _____

Name of Primary Contact to be used in School Database: **Father** **Mother**

Father Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

email _____

Employer _____ Occupation _____

Employer Address _____

City _____ State _____ Zip _____

Work Phone _____ Religion _____

Mother Name _____

Address, *only if different than above* _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

email _____

Employer _____ Occupation _____

Employer Address _____

City _____ State _____ Zip _____

Work Phone _____ Religion _____

Student(s) lives with (please check one):
 Both Parents _____ Mother _____ Father _____ Custodial Parent is _____
 Guardian _____ Guardian Name _____
If divorced, please supply custody papers to school office.

Please indicate the Public School District in which you live
 District _____

Grade School _____ Middle School _____

OTHER STUDENTS IN YOUR FAMILY ENROLLED FOR 2011-2012

Name	Grade Enrolled	Name	Grade Enrolled



ST JOSEPH ELEMENTARY SCHOOL

FAMILY EMERGENCY INFORMATION FORM 2011-2012

For Office Use Only
 Date Rec: _____
 Pd Resource Fee _____
 Pd Tech Fee _____
 Amount \$ _____
 Check # _____

IMMEDIATE FAMILY CONTACT INFORMATION

Family Last Name:	Father's Name:
Home Address	Work Phone:
	Cell Phone:
	Mother's Name:
HOME PHONE	Work Phone:
	Cell Phone:

List Children's Names and Grades

Name	Grade	Name	Grade

AFTER CARE INFORMATION

Facility Name: _____ Facility Phone Number: _____
 Facility Address: _____

EMERGENCY CONTACT INFORMATION RELATIVES

NAME	RELATIONSHIP	HOME PHONE	CELLULAR PHONE	AUTHORIZED TO PICK UP IN THE EVENT OF AN EMERGENCY	
				YES	NO
				YES	NO
				YES	NO

FRIENDS/NEIGHBORS

				YES	NO
				YES	NO
				YES	NO

(Code word/phrase/name to be given to St. Joseph Staff for Emergency Pick Up) CODE WORD: _____

MEDICAL/INSURANCE

Doctor's Name: _____ Phone Number: _____
 Dentist's Name: _____ Phone Number: _____
 INSURANCE COMPANY: _____ Name of Member on Policy: _____
 Membership Number: _____ Group Number: _____

Does your child have : ASTHMA CHRONIC ILLNESS , ALLERGIES (please circle and describe below)
 Does your child take Medication? YES NO Type, Dosage Frequency: _____

In case of an accident requiring emergency medical care and we are unable to reach you, with your signed permission, your child will be taken to one of the following hospitals only. Please circle the hospital you prefer:

ST LUKE'S WEST ST JOHN'S MERCY MISSOURI BAPTIST OTHER: _____

I agree to pay all expenses incurred in the handling of my child during emergency care.

Family Name (Please Print)

Signature of Parent/Guardian

WITNESS STATEMENT
For Those Whose Children Attend Catholic Education Programs

One of the supreme gifts of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate these children in the practice of their faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect, and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the sacrament of Baptism, parents receive the call from God to evangelize their children, as here summarized:

You have asked to have your child baptized. In doing so you are accepting the responsibility of training him/her in the practice of the faith. It will be your duty to bring him/her up to keep God's commandments as Christ taught us, by loving God and our neighbor ... You will be the first teachers of your child in the ways of faith. May you be also the best teachers, bearing witness to the faith by what you say and do, in Christ Jesus our Lord.

No wonder, then, that the Church understand the home to be the domestic church. It is the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families.

Catholic schools and parish religious educational programs are in partnership with the family in proclaiming and witnessing to the person and life of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and deed, the first and best teacher of my children in the faith. Practically, this means I should:

Regularly participate in the Sunday Eucharist (if not Catholic, regularly participate in worship and prayer) with my family.

Commit to speak with my children about God and include prayer in our daily home life.

Participate in and cooperate with School or Parish School of Religion programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children.

Support the moral and social teaching of the Catholic Church to ensure consistency between home and school.

Teach my children by word and example to have a love and concern for the needs of others.

Meet my financial responsibilities in supporting the School or Parish School of Religion.

Family Name (please print) _____

Signature of Parent/Guardian _____

MEDIA AUTHORIZATION

) For good and valuable consideration, the sufficiency of which is hereby acknowledged, I/we, the undersigned (please circle) GRANT DO NOT GRANT to the Archdiocese of St. Louis and all of its affiliated entities ("Archdiocese") the right to publish, reproduce and display photographic images, video images and/or audio recordings of _____ ("Individual") for use in all media, electronic or otherwise, in connection with publications, advertisements and/or web pages of the Archdiocese, provided that the Archdiocese is not authorized to sell or otherwise distribute such photographic images, video images or audio recordings to any other person or entity without my/our consent. I/We understand that the Archdiocese may associate the photographic image, video image or audio recording with the first name of Individual and the name of the parish or school where Individual is a student or parishioner. I/We further acknowledge and agree that neither I nor Individual, if Individual is a minor, has or shall have any ownership interest in any informational or advertising material which utilizes, incorporates or consists of the photographic images, video images and/or audio recordings or in any copyright embodied therein.

Individual (Student)

Printed Name: _____
Date: _____

If Individual is under 18, parents/guardians must sign

Parent(s)/Guardian(s)

Printed Name: _____
Date: _____

Printed Name: _____
Date: _____



HEALTH EXAMINATION FORM 2011-2012

St. Joseph Elementary School email: nurse@stjoemanchester.org Phone: 636-391-1253
555 St. Joseph Lane, Manchester, MO 63021 Fax: 636-391-1462

Physicals are due on/before July 15th. Physicals are required for students entering Pre-School, Kindergarten, Third Grade, Sixth Grade, and Transfer Students.

TO BE FILLED OUT BY PARENT/LEGAL GUARDIAN	TO BE FILLED OUT BY DOCTOR
Student : _____ DOB: _____	Date of Exam: _____
Address: _____	Physical Findings:
Grade: _____ Gender: M F	HT _____ WT _____ B/P _____ Pulse _____
Parent/Guardian: _____	Vision: Snellen Test _____ / _____ Cover Test: _____
Home Phone: _____	Hearing: PASS FAIL
Work Phone: _____	ENT <input type="radio"/> Normal <input type="radio"/> Abnormal
Cel Phone: _____	Respiratory <input type="radio"/> Normal <input type="radio"/> Abnormal
HEALTH HISTORY	Cardiac <input type="radio"/> Normal <input type="radio"/> Abnormal
Has your child had any of the following:	Abdomen <input type="radio"/> Normal <input type="radio"/> Abnormal
Asthma NO YES	Hernia <input type="radio"/> Normal <input type="radio"/> Abnormal
Epilepsy	Lymph Nodes <input type="radio"/> Normal <input type="radio"/> Abnormal
Diabetes	Neurologic <input type="radio"/> Normal <input type="radio"/> Abnormal
Other	Genitalia <input type="radio"/> Normal <input type="radio"/> Abnormal
Surgery	Scoliosis <input type="radio"/> Normal <input type="radio"/> Abnormal
Past or Current Injury:	Recommendations for Medical Treatment in School: (if needed)
Head _____	
Neck Back _____	Orthopedic Exam: (for sports participation)
Shoulder/Arm/Hand _____	ROM:
Hip/Leg/Foot _____	Back:
Other _____	Neck/Shoulders:
Medications:	Upper Extremities:
Allergies	Lower Extremities:
	Other:
MEDICAL HISTORY	RECOMMENDATIONS FOR SPORTS/SCHOOL:
Is the child currently under medical care at this time?	• Full unlimited participation YES
NO YES Explain:	• Limited participation Attach accompanying explanation
	• Clearance withheld until: _____
IMMUNIZATIONS	Student may receive the following medications for fever, headache or pain:
PLEASE ATTACH A COPY OF STUDENT'S COMPLETE IMMUNIZATION RECORD TO THIS FORM.	DOSE Frequency
	TYLENOL _____ Every 4 Hours
	MOTRIN/ADVIL _____ Every 6 Hours
	Signature and Date of Medical Examiner:

Parent/Guardian Permission: I hereby give my consent for my child to receive the above medications:

Parent/Guardian Signature _____

Date _____



ST. JOSEPH CATHOLIC ELEMENTARY SCHOOL

Application for Admission Policies/Procedures

Application for admission to St. Joseph School is made during the Spring prior to the new school year. Families with students currently enrolled apply first. Families new to the school apply approximately one week after current family application begins. Registration in the parish must be completed prior to school application.

Completed Application

An application to school is considered complete and accepted once all forms, fees, and official transcripts/records (including physical, immunization, birth and baptismal certificates) have been received by the school. Additionally, parents/guardians must read, sign and return the Parental Witness Statement included with the application packet. Families currently enrolled in school must be up-to-date with tuition payments.

A statement that parents/guardians and student(s) have read and agree to be governed by the policies and regulations of the school as stated in the Parent-Student Handbook (or as stated during the school year as necessary) is expected to be signed and returned to the homeroom teacher during the first week of school.

The Resource Fee is due at application. This fee is non-refundable.

All applications are approved by the Principal and the Pastor.
Exceptions to the application policy and procedures will not be made.

Transfer Students

Generally, transfer students are not admitted into the middle school (grades 6, 7 and 8) until the student is interviewed by the administration and faculty. A parent/guardian must be present at the interview. Before the interview, the student's school records and a letter of recommendation from his/her homeroom teacher must be presented. Other records may be requested. The admission decision is made by the school administration and parish pastor.

Kindergarten Students

Per the Department of Elementary and Secondary Education of the State of Missouri, students must be five years of age before August 1st to enter Kindergarten in the fall. No exceptions are made. Completed (see above) applications for Kindergarten are accepted on a first-come, first-served basis and are numbered as received. Current families submitting completed applications will have first consideration. Applications from current families that are not received during the specified time will be assigned numbers with new families.

Late Registration

Applications cannot be processed during the two weeks preceding the opening of school or during the first week of the new school year. Applications received during this time will be processed after Labor Day.



St. Joseph After-School Care Program 2011-2012

The St. Joseph After-School Care is operated by St. Joseph Parish for any student attending the Elementary School. The program is located in the school cafeteria and operates Monday through Friday from 3:00 to 6:00 pm. The program does not operate when school is not in session. It is available on noon dismissal days, for an additional charge.

Daily Schedule

The After-School Care Program begins at 2:55pm. Children are dismissed from their homerooms and proceed to the cafeteria to check in for the day. When all children have checked in, the daily schedule is as follows:

- **3:00 – 3:30pm** After checking in, children are dismissed to use the restroom and wash their hands. They will return to the cafeteria for an afternoon snack (provided).
- **3:30 – 4:00pm** Homework or quiet reading time.
- **4:00 – 5:00pm** High Energy Activities, including outside play daily as weather permits.
- **5:00 – 6:00pm** Free time for Centers Activities, including art, science, games, super structures, and creative play.

Program Fees are based on a regular weekly schedule (example: every M W F, M-F, etc.). Fees for the 2010-2011 school year will be communicated as soon as possible.

Services for the After-School Care Program are billed in advance. Payment can be made either by auto-debit or a check on the 10th of each month.

If you would like additional information, please return the request for information form below or contact Cathy Noyes, Program Director, at 636-391-7659.

-
- I would like a registration packet for the After-School Care Program.
Please send one to following address:

Name: _____

Address: _____

City, State, Zip: _____

- I would like a registration packet for the After-School Care Program.
Please send the information home with my child (currently enrolled families only).

Child's Name: _____ Homeroom: _____

2011-2012 Financial Commitment

Please complete this form and return with your Registration.

	Annual Tuition	Actual Full Cost	Resource Fee	Tech Fee	Difference
One Child K-8	\$4574	\$5707	\$235	\$30	\$868
Two Children K-8	\$7373	\$11414	\$470	\$60	\$3511
Three Children K-8	\$9534	\$17121	\$705	\$90	\$6792
Four Children	\$9817	\$22828	\$940	\$120	\$11951
Five Children	\$9966	\$28535	\$1175	\$150	\$17244
Non Registered Families (Per Child)	\$5442	\$5707	\$235	\$30	\$0

St. Joseph Parish is committed to providing a quality education program that is financially attainable to the widest variety of families. By design, the tuition per student is lower than the actual cost per student. For the 2011-2012 school year, the estimated "actual" cost per student tuition cost is \$5707.

Parishioner **tuition rates** are set to meet the majority of the school's operating expenses. The Parish budgets to provide the difference between tuition and actual expenses from its general fund. In addition to this parish commitment, the school budget relies on other income generated through grants, fundraising efforts, and most importantly, gifts to the school's development fund.

The **resource fee** is set to provide for items including textbooks, consumable workbooks, classroom subscriptions and supplies, etc. This is a per student fee.

The **technology fee** covers the ordinary, day-to-day technology expenses such as software license upgrades, replacement of incidental technology equipment such as mice, keyboards, bulbs for LCD projectors, etc., technology support, and ongoing technology professional development. This is a per student fee.

2010-2011 Financial Commitment

- We will pay the actual full cost of educating our child(ren) for the coming year. Based on the above tuition schedule, this amount is \$_____. We understand the difference between this amount and the annual tuition is a tax-deductible contribution.
- (1) Our family's annual tuition for the 2011-12 school year is: \$_____.
In addition to our family tuition amount, we will make the following charitable contribution to the education of our children.
- (2) Charitable Contribution amount \$_____
- Total for the year (1+2) \$_____
- At this time, we have requested assistance in paying our customized family payment plan.
Our FACTS application has been filed: online at www.facts tuitionaid.com
 via a paper application and mailed directly to FACTS.

Family Name: _____ Number of Children in School 2011-2012 _____

Signature: _____ Date: _____

2011-2012 St. Joseph School Tuition Payment Options

Please complete this form and return with your Registration.

Based on our family's "Financial Commitment Form" we are committed to paying \$ _____
for our child/children's education for the 2011-2012 school year.

Please check one of the following Payment Options for 2011/2012

If you choose an Automatic Direct Withdrawal Option in this box, please also complete the enclosed green Authorization form.

10 Month/ Twice-Monthly Automatic Direct Withdrawal of \$ _____ from my Checking or Savings Account on the 3rd and 17th of each month from August 2011 through May 2012.
(This amount is 1/20 of the amount you have committed to on your Financial Commitment Form.)

12 Month/ Twice-Monthly Automatic Direct Withdrawal of \$ _____ from my Checking or Savings Account on the 3rd and 17th of each month from June 2011 through May 2012.
(This amount is 1/24 of the amount you have committed to on your Financial Commitment Form.)

Semester Payments – Two equal payments of \$ _____ due on Aug 1, 2011 and Feb 1, 2012.
(This amount is 1/2 of the amount you have committed to on your Financial Commitment Form.)

One Full Payment of \$ _____ due August 1, 2011
(This amount is equal to the amount you have committed to on your Financial Commitment Form.)

Resource and Tech Fees

Registration forms are due on February 25th. Full payment of Resource and Tech Fees are due by March 18th. We understand this can impact the monthly budget of families, especially those with more than one child. Families who need to make other accommodations for payment of fees, please contact the Parish Office at 636-227-5247.

Name: _____ Number of Children in School 2011/2012 _____

Address: _____

Phone: _____ eMail _____

Signature: _____ Date _____

*Does your Employer have a Matching Gift Program?
St. Joseph School qualifies for a number of such programs. Please contact the Parish Office for details.*

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Semi-Monthly on the 3rd and 17th of the month

_____ I wish to continue Direct Withdrawal Payment Method

_____ I will begin using Direct Withdrawal Payment Method

Company Name: St. Joseph Church

ID Number: 43-0653502

I (we) hereby authorize St. Joseph Church, hereinafter called COMPANY to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

Depository Name: _____ Branch: _____

Transit/ABA No: _____ Account Number: _____

This Authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed Name(s) _____

Date _____ Signed _____

PLEASE ATTACH A VOIDED CHECK FROM YOUR BANK TO HELP VERIFY INFORMATION



St. Joseph Catholic Elementary School
Building strong minds, hearts, and spirit

February 2011

Dear Parents,

Welcome to St. Joseph School. As part of our Child Safety Program, we require ALL PARENTS to complete the three components of the Safe Environment program set up by the Archdiocese of St. Louis to ensure the safety of our children at St. Joseph's. After they have completed all three steps, parents are eligible to volunteer to do playground and cafeteria duty, read to our children, chaperone field trips, act as room mothers and classroom helpers, and help in any way with the students in our school. Parents who have not completed all three components are not allowed to work with the students in any capacity.

The three steps of the Safe Environment Program include attending a ***"Protecting God's Children"*** workshop, reading and signing a ***Code of Conduct***, and filling out the papers to be screened by the Missouri State Highway Patrol through the Family Care Registry and added to the state's ***Child Safety Register***. If you have already completed the Safe Environment Program as a coach or through another parish, please contact the school office and let us know the details. If you have already completed the Safe Environment Program at St. Joseph's, you are only required to sign the Code of Conduct every year. Enclosed in the Registration packet is current information on the ***"Protecting God's Children"*** workshops. You can check for periodic updates on dates, times, and locations of the workshops through the link to the archdiocese on the parish web site (www.stjoemanchester.org) or go the archdiocesan web site (www.archstl.org), and look for ***"Protecting God's Children."*** The Code of Conduct signature page and the Highway Patrol screening application are also included in this packet. **A copy of your social security card must accompany the screening application. There is no fee for you. The parish pays the fee for the screening. The completed form and a copy of your social security card should be returned to the parish office. DO NOT SEND THE FORM TO THE FAMILY CARE REGISTRY WITH THE FEE.**

The School Advisory Board, Father Santen, and I feel that it is important for us to work together to ensure that all of the adults (teachers, staff, and parents) who have contact with our students will provide them with a safe environment. We are asking you to complete all three components of the program by August 1st. Thanks so much for helping to keep our students safe! If you have any questions about any of the components, please contact me at school.

Sincerely,

Mrs. Jeannie Dandino



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

RESET

PLEASE TYPE OR PRINT CLEARLY

SECTION A: WORKER TYPE (CHECK ONE BOX ONLY)

- CHILD CARE WORKER (\$10.00)
 PERSONAL CARE WORKER(\$10.00)
 VOLUNTARY REGISTRANT
 ELDER CARE WORKER (\$10.00)
 RECIPIENT OF STATE OR FEDERAL FUNDS (\$10.00)
 FOSTER PARENT (NO FEE)

SECTION B: IDENTIFYING DATA FOR BACKGROUND SCREENING

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
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PRIOR NAMES USED

SOCIAL SECURITY NUMBER (ATTACH COPY OF SOCIAL SECURITY CARD)	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NO. (optional) ()
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MAILING ADDRESS

STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP CODE	COUNTY
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HOME ADDRESS (If different than mailing address)

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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SECTION C: CURRENT EMPLOYER INFORMATION (IF APPLICABLE)

EMPLOYER NAME	CONTACT PERSON	PHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE

SECTION D: AUTHORIZATION TO RELEASE BACKGROUND SCREENING INFORMATION

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requestor of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy in the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening determination.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to your designated bank account. I understand that my signature below authorizes my Financial Institution to deduct this payment from my account. In the event that DHSS or its subcontractor, is unable to secure funds from your account or you provide insufficient or inaccurate information regarding your account, your obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
--	------

IMPORTANT

- Individuals are required to register one time only.
- Contact 1-866-422-6872 (toll-free) if you have questions or visit www.dhss.mo.gov/FCSR
- Read back of form for instructions and information on registrant notification and appeal rights
- Send completed registration form, copy of Social Security card and required fee to:

St. Joseph Catholic Elementary School
 c/o Cindy Weis or Kathy McGrath-Ray
 555 St. Joseph Lane
 Manchester, MO 63021
 636-391-1253

OR

St. Joseph Catholic Church
 c/o Maureen Heltmann
 567 St. Joseph Lane
 Manchester, MO 63021
 636-227-5247

WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and other employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, elder care and personal care workers and child care and elder care providers:

1. State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
2. Child abuse/neglect records, maintained by the Department of Social Services
3. The Employee Disqualification List, maintained by the Department of Health and Senior Services
4. The Employee Disqualification Registry maintained by the Department of Mental Health
5. Child care facility licensing records, maintained by the Department of Health and Senior Services
6. Foster parent, residential care facility, and child placing agency licensing records, maintained by Department of Social Services
7. Residential living facility and nursing home licensing records, maintained by the Department of Health and Senior Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, or hired on or after January 1, 2002 as a personal care worker, as defined in §210.900, subsection 2, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-State and/or Federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Section A: Type of Worker - Check one box that best describes your worker category. A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 to §210.936, RSMo.

Section B: Identifying Data for Background Screening - List your current name, maiden name, all prior names used, Social Security number, date of birth, gender, home address, and mailing address. You must provide your Social Security number pursuant to §210.906.2, RSMo Supp. 1999. This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Section C: Current Employer Information (If Applicable) - If you are currently employed by or are seeking employment with a child care or elder care provider, please list the facility name, owner/operator, telephone number and facility address. If you are a foster parent, a voluntary registrant, or receive state or federal funds for child care or elder care services, leave this section blank.

Section D: Authorization to Release Background Check Information - Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requestors for "employment purposes", as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the Missouri Department of Health and Senior Services, Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102. If you have questions, please call the Registry using the toll-free telephone number, 1-866-422-6872.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND CHECK?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only as defined pursuant to §210.921.1, RSMo. **Any person using Registry information for any other purpose is guilty of a class B misdemeanor.** In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the person calling, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your mailing address. You can send address changes to Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND CHECK?

Pursuant to §210.912, RSMo, you have the right to appeal the information transferred onto the Family Care Safety Registry. Your right to appeal is limited only to the accuracy in the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal needs to be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. A Registry worker will first confirm whether the person in question is registered. If the person is registered, the Registry worker will then disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one. Specific information will only be disclosed by the Registry upon receipt of a written request from the caller.

Protecting God's Children Workshops, February – December, 2011

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Tuesday, March 15, 2011 - 9:30am - 12:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER February 12, 2011 to register for this workshop.

St. John's Mercy Medical Center--Protecting God's Children Tuesday, March 22, 2011 - 6:30pm - 9:00pm **VonGontard Conference Center**
Please contact Ken Joyce by email at ken.joyce@mercy.net to register. Specific directions to the Conference Center will be provided upon registration. Please do not call to register more than 2 months before the workshop date.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Tuesday, April 19, 2011 - 6:30pm - 9:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER March 15, 2011 to register for this workshop.

St. John's Mercy Medical Center--Protecting God's Children Thursday, April 21, 2011 - 6:30pm - 9:00pm **VonGontard Conference Center**
Please contact Ken Joyce by email at ken.joyce@mercy.net to register. Specific directions to the Conference Center will be provided upon registration. Please do not call to register more than 2 months before the workshop date.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Wednesday, May 4, 2011 - 9:30am - 12:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER March 15, 2011 to register for this workshop.

St. John's Mercy Medical Center--Protecting God's Children Wednesday, May 18, 2011 - 6:30pm - 9:00pm **VonGontard Conference Center**
Please contact Ken Joyce by email at ken.joyce@mercy.net to register. Specific directions to the Conference Center will be provided upon registration. Please do not call to register more than 2 months before the workshop date.

St. John's Mercy Medical Center--Protecting God's Children Wednesday, June 8, 2011 - 6:30pm - 9:00pm **VonGontard Conference Center**
Please contact Ken Joyce by email at ken.joyce@mercy.net to register. Specific directions to the Conference Center will be provided upon registration. Please do not call to register more than 2 months before the workshop date.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Tuesday, June 14, 2011 - 6:30pm - 9:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER May 4, 2011 to register for this workshop.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Thursday, July 7, 2011 - 9:30am - 12:20pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER May 4, 2011 to register for this workshop.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Tuesday, August 2, 2011 - 6:30pm - 9:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER July 7, 2011 to register for this workshop.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Thursday, August 18, 2011 - 9:30am - 12:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER July 7, 2011 to register for this workshop.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Tuesday, August 30, 2011 - 6:30pm - 9:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER August 2, 2011 to register for this workshop.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Tuesday, September 20, 2011 - 6:30pm - 9:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER August 30, 2011 to register for this workshop.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Tuesday, October 11, 2011 - 9:30am - 12:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER September 20, 2011 to register for this workshop.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Thursday, October 20, 2011 - 6:30pm - 9:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER September 20, 2011 to register for this workshop.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Thursday, November 3, 2011 - 6:30pm - 9:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER October 11, 2011 to register for this workshop.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Thursday, December 8, 2011 - 6:30pm - 9:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER November 3, 2011 to register for this workshop.

Cardinal Rigali Center (Shrewsbury)--Protecting God's Children Tuesday, December 20, 2011 - 9:30am - 12:00pm **JOHN LALLY ROOM**
Please contact Andrea Witt by email at andreawitt@archstl.org AFTER November 3, 2011 to register for this workshop.

Archdiocese of St. Louis

Commitment to Ethical Conduct for Clergy, Employees and
Volunteers Working with Minors

Our children are the most important gifts God has entrusted to us. I promise to follow strictly the rules and guidelines in the *Archdiocese of St. Louis Code of Ethical Conduct for Clergy, Employees and Volunteers Working with Minors* as a condition of my providing services to the children and youth of our Archdiocese.

I understand that since I may be working with minors, I will be subject regularly to a thorough background check including criminal history. I understand that any action inconsistent with this *Archdiocese of St. Louis Code of Ethical Conduct for Clergy, Employees and Volunteers Working with Minors* or failure to take action mandated thereby may result in my removal from my position of working with minors.

I further understand that I may, as a condition of continuing in my position, be required to participate in education and training provided by the Archdiocese or the school, parish or agency with which I am associated.

Printed Name: _____

Signature: _____

Date: _____

Acknowledgement For Volunteer Screening Purposes

I understand that the Missouri Family Care Safety Registry ("FCSR") is a service provided by the State of Missouri for employment background screening purposes. I understand that the Archdiocese of St. Louis may be utilizing the FCSR for both employment candidates and volunteer candidates. I authorize the parish to utilize the FCSR for my background screening, which is a non-employment purpose.

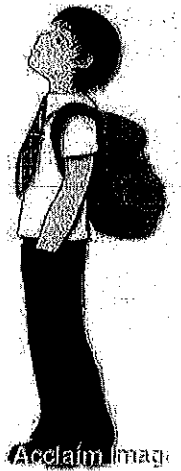
Name: _____

Signature: _____

Date: _____



St. Joseph School
Uniforms available through
JUST ME APPAREL



Mark your calendars for:

Uniform Fitting Day

Thursday, April 14th, 2011

10:00 am—6:00 pm

Location

Just Me Apparel

232 Old Sulphur Springs Road

Manchester, MO 63021

636-391-3551

- Receive 10% off your total purchase on the above date (excludes plaids).
- Register to win a \$50 Gift Certificate to use on any future purchase!
- Take available uniform items home with you!

On-Line shopping now available at
www.justmeapparel.com