






## Stay Connected with St. Anne School


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 St. Anne Parochial School Bethlehem



St. Anne



# KINDERGARTEN AND PRESCHOOL ORIENTATION




WHEN: WEDNESDAY AUGUST 20TH  
TIME: 6:00 TO 6:30 PM





PLEASE COME AND JOIN US TO

- 
- 
- \* MEET THE TEACHERS
  - \* VISIT THE CLASSROOMS
  - \* DROP OFF CLASSROOM SUPPLIES
  - \* DISCOVER WHAT THE SCHOOL YEAR HOLDS



PLEASE ENTER THROUGH THE COMMUNITY  
CENTER DOORS AND YOU WILL BE  
DIRECTED TO THE CLASSROOMS. ICE  
CREAM WILL BE SERVED AFTER IN THE  
COMMUNITY CENTER!





**St. Anne**

**Back**

*to*

**School**

**When: Wednesday August 20th**

**Time: 6:30 to 7:30**

**Where: Community Center**

**We invite you to come and meet  
your child's  
teacher and say hello.**

**We will also be handing out  
some delicious ice cream to  
make the evening even  
sweeter! We hope to see you  
then!**



## EXTENDED CARE REMINDERS

- Students must re-register each year for Extended Care. The Extended Care registration is included with the parent communication packet.
- There is a \$35.00 registration fee per child. The hourly fee is \$9.00
- Students will be registered on our ProCare system
- Our Extended care is a prepay system you must deposit funds in your ProCare account prior to the month. You need to estimate how much you think you will use it. If you estimated too low, when the invoices come out at the beginning of the month you will know what you owe. If you estimate too high, it will roll over.
- You can choose to use auto pay. If you put a credit/debit card or checking/savings account on Procare, you will not have to prepay. Your account will be charged on the 15<sup>th</sup> of the month for the amount you owe for the previous month.
- If you don't choose the auto pay, you must deposit fund prior to the month or your child will not be able to go to Extended Care.
- Your child will not be able to attend Extended Care if your account is delinquent.



## EXTENDED CARE REGISTRATION FORM

Date: \_\_\_\_\_

Please check the approximate time(s) your student may attend Extended Care.

\_\_\_\_ Mornings

\_\_\_\_ Afternoons

Students Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Grade/Homeroom: \_\_\_\_

Medical/Additional Information:

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Student's

Interests: \_\_\_\_\_

Student's

Fears: \_\_\_\_\_

Siblings (names, grade,  
ages): \_\_\_\_\_

LEARN

SUCCEED

LEAD

**Parent/Guardian Information:**

Parent/Guardian 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

If divorced or separated Custody agreements are required

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In addition to Parents list people who are authorized to pick up your child(ren)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **VOLUNTEER CLEARANCE REQUIREMENTS**

***MANY THANKS TO SO MANY VOLUNTEERS WHO HAVE RECENTLY OBTAINED OR UPDATED REQUIRED CLEARANCES.***

**All School/Parish/CYO Volunteers** are required to obtain Child Protection Clearances.

- Please email me to obtain forms and applications to help speed up the process for you.

### **IMPORTANT!!!**

- **Please....Do not wait until the last minute...**some clearances can take up to a few weeks to come through!

**Many Volunteers have not yet obtained their NSOR National Sex Offender Registry Clearance** – please obtain this clearance NOW– it is required!

*The application is attached.* Check the volunteer box and send the completed form to the email address on the application. Send both the completed form and clearance, which will come via US mail, to my attention.

- Please contact me at **[ebrida@stannebethlehem.org](mailto:ebrida@stannebethlehem.org)** – I will be happy to assist, check your clearance status for you, or answer any questions you may have at any time!

***Eileen Brida***

***St. Anne Parish/School***



## **VOLUNTEER CHILD SAFETY/PROTECTION CLEARANCE UPDATES:**

### **A MUST READ**

**To: St. Anne School Parents, Grandparents, Guardians:**

#### **New Diocese of Allentown CLEARANCE Updates:**

School/CYO Volunteers must obtain **ALL** required Safe Environment Clearances - *no exceptions*.

The Diocese will now issue ID badges to identify vetted volunteers. Many volunteers have yet to complete their National Sex Offender Registry **NSOR** clearance. Notices and the required application have been posted in the *Parent Communication Packet* for several months. PLEASE... follow the instructions and complete this clearance! Only volunteers completely vetted will be permitted to volunteer.

If you wish to check your clearance status- contact me via email at any time. I will be happy to assist you and get you up to speed.

#### **IN-PERSON Mandated Reporter Training Available at St. Anne**

**Monday, August 18<sup>th</sup>, 6pm**, St. Anne will host an *in-person PA Mandated Reporter Session*, presented by the Diocese (usually only available online) for any volunteer who wishes to complete this PA State training required by law. This is especially great for anyone... **Senior - GRANDPARENT** volunteers, who may not be computer comfortable or literate or have the time at home to complete this training!

**EMAIL:** [ebriada@stannebethlehem.org](mailto:ebriada@stannebethlehem.org) to register or if you have any questions regarding clearances.



*Additional Updates – information will be distributed shortly for all volunteers to read & sign the updated Diocesan social media Policy.*

## APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: **RA-PWNSOR@pa.gov** In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit drop off box located at: 2525 North 7<sup>th</sup> Street, Harrisburg, PA 17110. Free parking is available in the visitor's lot at front of the building.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

### Purpose of the National Sex Offender Registry Verification (Check one box only)

- ☐ Individual 18 years or older residing in the facility where child care is occurring.  
Individual working for a Regulated Child Care Provider.
- ☐ Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- ☒ Volunteer of a child-care provider, group-daycare home or family child care home.

### Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number (XXX-XX-XXXX): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Daytime Phone Number (XXX-XXX-XXXX): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Include full street address, (Apt # or PO Box if applicable),

\_\_\_\_\_  
City, State and Zip Code

E-mail Address: \_\_\_\_\_

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_