



Notre Dame Little Crusaders Basketball

Register today for the 2023 Season!

Competitive Boys & Girls Basketball teams for Grades 5th to 8th.

Teams will compete in the Colonial, Lehigh Valley Knee-Hi and
Rising Stars Basketball Leagues.

Third party player evaluations will be held at a future date.

Players must be enrolled in a Notre Dame High School feeder school.

Players are required to be registered and play CYO basketball.

For Information & Registration please go to ndlilcrusaders.com

Acker-Smith	Mincarelli	
Alercia	Nehme	
Alonzo	Norris	
Anastasiou	Pastrick	
Atallah	Patel	
Boulos	Penson	
Boyd	Pierzga	
Brett	Pintabone	
Bruneo	Pitter	
Buckley	Radecky	
Buissereth	Reger	
Campos	Ruppe	
Castillo	Schulyer	
Celia	Sharpe	
Chapman-Kiprislis	Siedt	
Coldren	Slaughter	
Crivellaro	Smith	
Deemer	Spoonley	
Dewalt	Topalanchik	
Diaz	Tuskes	
Driscole	Tyson	
Duddy	Van Wert	
Engle	Viegas	
Ernst	Whalen	
Frankenfield	Wolf	
Frederickson	Yingling	
Gassler	Young/Grey	
Harak	Youpa	
Henderson		
Hornak		
Housel		
Jean-Pierre		
Kauffman		
Kent		
Kline		
Knorp		
Koorie		
Laub		
Lowery		
Mach		
Matusek		
McMurtie		



TRUNK OR TREAT

STUDENT VOLUNTEERS


Any 7th or 8th Grader looking for service hours
please sign up to help with this event!

We need help on October 20th with setting up
before, assisting during and cleaning up
after the event.

Trunk or Treat provides a safe, fun night of
Halloween fun. And takes place on October 20th,
2023 from 6-8PM at the St Jane's Church parking
lot off of S. Nulton Ave.

If you're interested in volunteering, please fill out the
google form [Trunk or Treat Volunteer Registration](#)

If you have any questions or concerns, please contact
Kara Meischeid (610)504-1986 or
meischeidfamily@gmail.com





CYO NEWS

2023-2024 Winter Sports Registration

St. Jane's Winter Sports Registration is currently open!

Pep Squad Girls – Grades K thru 3
Registration open through October 15th
Coordinator: Jessica Patel jessicalspatel@gmail.com

Instructional Basketball Boys and Girls Grades 1-2
*****Now open to Kindergarten*****
Registration open through October 22nd
Coordinator: Nolan Van Wert NolanVW@gmail.com

Early Bird Registration Discount available until October 1st.

CYO Boys/Girls Basketball Grades 3-4
Registration open through October 15th
Coordinator: Nolan Van Wert NolanVW@gmail.com

CYO Boys/Girls Basketball Grades 5-6
Registration open through October 15th
Coordinator: Mike Huber mwh0501@yahoo.com

CYO Boys/Girls Basketball Grades 7-8
Registration open through October 15th
Coordinator: Mike Huber mwh0501@yahoo.com

CYO High School Boys Basketball Grades 9-12
Registration open through November 12th
Coordinator: Mike Huber mwh0501@yahoo.com

To register visit our website and click on Winter Sports Registration: <https://sjhawks.com>

Payment is via square link provided at the end of the registration form.

Questions? Email: stjanecyo@gmail.com





St. Jane Frances de Chantal School

1900 Washington Blvd., Easton, PA 18042

610-253-8442

www.stjaneschool.com

Field Trip Permission Slip

I (we) grant permission for my (our) child, _____ (Participant) to participate in this parish/school event that requires transportation to a location away from the parish/school site. This permission includes all related programs or events associated with the event. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Jane School. My (our) child understands and agrees to abide by all rules and regulations established by the school/parish pertaining to such field trips. I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

Description of Activity: 40 hours - Adoration

Date: Friday, October 27, 2023

Destination of event: St. Jane's Main Church - Hartley Avenue

Estimated time of departure: 8AM Estimated time of return: 1PM

Travel information: Bus transportation - each class will have a designated time

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions by the above named minor ("participant"). In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we and our heirs, successors and assigns, agree to release and to hold harmless and defend:

St. Jane Frances de Chantal School, and the Diocese of Allentown, Bishop Alfred A. Schlert, D.D., J.C.L., and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the trip (all of whom are collectively referred to as the Diocese) from claims or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

☐ Please make the following changes to the Emergency Card on file: _____

☐ No changes are needed to the Emergency Card on file.

* Participant's Signature: _____ Date: _____

* Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: _____

☐ Special health concerns listed on the back of this sheet.

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that child takes such medications, including dosage and frequency of dosage, are as follows:

FALL SERVICE HOURS OPPORTUNITY



WHO: St. Jane's 7th and 8th Graders

WHEN: Sunday, October 15, 2023

1pm – 5pm

WHAT: Volunteer in the CYO Snack Stand at St. Jane Church Fields during the XC Meets!

To Sign Up or have any questions, Email:

phanaticphillyguy@gmail.com Kenny Slutter

kylesten@rcn.com Kyle Stencovage



St. Jane Frances de Chantal School

1900 Washington Blvd. • Easton, PA 18042
610-253-8442 • www.stjaneschool.com
principal@stjaneschool.com

A Catholic Tradition in Academic Excellence

October 3, 2023

Dear Parent/Guardian,

We will be presenting the yearly *Circle of Grace Child Protection Catechesis Training* to all students the week of October 23, 2023. Grade-appropriate modules are designed for K - 12 students. This training emphasizes dignity and respect for one's body, appropriate boundaries, and awareness of child protection topics. Children learn to recognize when they are safe or unsafe and know how to bring their concerns, fears, and uncertainties to the trusted adults in their lives.

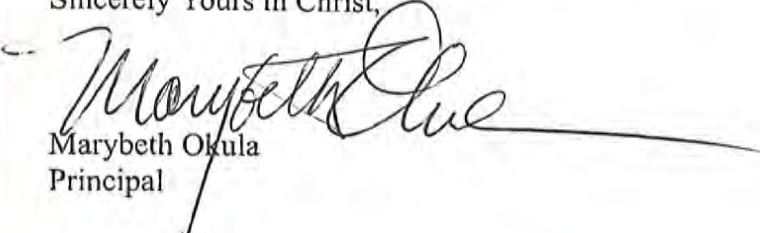
Circle of Grace equips children with essential knowledge and safety skills rooted in the Catholic faith. Genesis 1:27 tells us that we are created "male and female in God's image" and God saw this as "very good." In that goodness, we are meant to respect ourselves and everyone else as persons created and loved by God.

Circle of Grace assists the children in recognizing God's love by helping them to understand that each of us lives and moves in a Circle of Grace. One can imagine their own *Circle of Grace* by putting their arms above their head and then circling down in front of their body, including side to side. This circle holds our very essence in mind, heart, soul, and sexuality. *Circle of Grace* brings God into the center of child protection catechesis by teaching God's presence and assistance in difficult or confusing situations, respect for self and others, and skills for good decision making.

If you do *not* wish for your child to receive this *Circle of Grace Child Protection Catechesis Training* in school, please submit a written request to the office no later than October 16, 2023 requesting this curriculum be sent home. If you opt-out of this in-school training, you will be asked to review the material with your child at home. Your child will then be asked to complete and return the training evaluation form to their teacher.

We look forward to providing the children with this important training. Please contact me if you have any questions about the *Circle of Grace* program or child protection catechesis in the Diocese of Allentown. The safety of our students is always a top priority.

Sincerely Yours in Christ,


Marybeth Okula
Principal

CYO Coaches Clinic

All coaches must attend this clinic within the 1st year of coaching in order to remain eligible to coach. This clinic is required one time only and costs \$25.00.

Updates will be provided when registration is available.

The clinics for 2023-2023 are as follows:

Saturday, October 21, 2023

9:00 AM to 12:00 PM

Registration Deadline: October 16, 2023

St. Thomas More Family Center
1040 Flexer Avenue
Allentown, PA 18103

Saturday November 11, 2023

9:00 AM to 12:00 PM

Registration Deadline: November 6, 2023

St. Benedicts Parish
2020 Chestnut Hill Road
Mohnton, PA 19546

Saturday, March2, 2024

9:00 AM to 12:00 PM

Registration Deadline: February 26, 2024

Our Lady of Perpetual Help
3221 Santee Road
Bethlehem, PA 18020



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

File of: _____

school/parish/preschool/other

Audited by: _____

employee/ volunteer/ vendor/
minor/ contractor/ other

Documents:

☐ **FBI Fingerprint Record Check**

*need
code*

- Employee- School PDE prints, Parish DHS prints
- All Volunteers – DHS prints
- Memo for PDE prints
- Date of print

yes / no / n/a

Type of print: _____

yes / no / n/a

_____/_____/_____

☐ **PA State Police Criminal Record Check (PATCH)**

- Employee/ Volunteer/Vendor/Contractor has PATCH report
- Date of print

yes / no / n/a

_____/_____/_____

☐ **PA Child Abuse History Certificate**

*need
code*

- Employee/ Volunteer/Vendor/Contractor has Child Abuse report
- Date of print

yes / no / n/a

_____/_____/_____

☐ **2022 Diocese Code of Conduct Acknowledgement**

- Signed acknowledgement

yes / no / n/a

☐ **2022 Diocese Sexual Abuse Policy Acknowledgement**

- Signed acknowledgement

yes / no / n/a

☐ **2022 Diocese "SMEC" Policy Acknowledgement
(Social Media Electronic Communications Policy)**

- Signed acknowledgement

yes / no / n/a

☐ **Mandated Reporter Training Date**

- Expires every 5 years from date of training.

_____/_____/_____

☐ **Protecting God's Children Certificate of Completion**

yes / no / n/a

☐ **Child Protective Services Law Signed Acknowledgement**

yes / no / n/a

☐ **Motor Vehicle Report**

- Individual drives on behalf of location
- MVR in file

yes / no / n/a

yes / no / n/a _____

☐ **Signed Background Check Authorization Form**

yes / no / n/a _____

☐ **National Sex Offender Registry (NSOR or NSOL)**

yes / no / n/a _____

Revised 4/25/2023

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

SAFE ENVIRONMENT PARISH & SCHOOL VOLUNTEER REQUIREMENTS CHECKLIST

All Volunteers who might have contact with children must have the following:

1. **Pennsylvania State Police Criminal Record Check** (Pennsylvania Access to Criminal History (PATCH)) (Less than one year old, **recheck every 5 years**) – new volunteers please complete **PATCH** online at: **Pennsylvania Access To Criminal History - Home (state.pa.us)** please click on “New Volunteer Record Check”, OR send your completed “Background Authorization Form” to **punger@allentowndiocese.org**
2. **Pennsylvania Child Abuse History Certificate** (**Recheck every 5 years**). To obtain the **Pennsylvania Child Abuse History Certificate**: **<https://www.compass.state.pa.us/cwis/public/home>**. A free check is available every 57 months. A free payment code is available through your Local Safe Environment Coordinator (LSEC) or your CYO Representative.
3. **Federal Bureau of Investigation Criminal “DHS” Background Fingerprint Check** (18+ years old) (less than one year old, **recheck every 5 years**) – payment code is available through your Local Safe Environment Coordinator or your CYO Representative. Register for the fingerprint at **<https://enroll.identogo.com>** with payment code obtained from Local Safe Environment Coordinator (LSEC). During registration, make an appointment for fingerprint scanning at a nearby public site. Print receipt, take it to the appointment and provide receipt to the LSEC. Approximately two weeks after fingerprinting, you will receive the results in the mail. Bring the **original document** to the Local Safe Environment Coordinator for submission to the Diocese when you receive it.
4. **Signed Acknowledgment form for 2022 Diocese of Allentown Sexual Abuse Policy** which can be reviewed at: **<https://www.allentowndiocese.org/sites/default/files/2023-01/SexualAbusePolicy2022.pdf>**
5. **Signed Acknowledgment form for 2022 Diocese of Allentown Code of Conduct Policy** which can be reviewed at: **<https://www.allentowndiocese.org/sites/default/files/2023-01/CodeofConduct2022.pdf>**
6. **Signed Acknowledgment form for 2022 Diocese of Allentown Social Media and Electronic Communications Policy** which can be reviewed at: **<https://www.allentowndiocese.org/sites/default/files/2023-01/SocialMediaPolicy2022.pdf>**
7. **Protecting God's Children** attendance certificate, only needs to be done once, please see attached directions. Print certificate of completion
8. **Certificate from Mandated Reporting Training** (**good for 5 years**) Mandated Reporter Training can be done at **www.reportabusepa.pitt.edu**. Please see attached directions. Print certificate of completion.
9. **Acknowledgement Form for Child Protective Services Law (CPSL) Policy**. Review the Diocese of Allentown's Child Protective Services Law Policy (attached) and sign the acknowledgement form.
10. **Signed Background Check Authorization Form**, attached
11. **Motor Vehicle Report** – if driving on behalf of a Diocesan location, please fill out part “C” and “E” of the attached “Request for Driver Information Form”. Please mail original to Diocese of Allentown Safe Environment Office, PO Box F, Allentown PA 18105-1538
12. **National Sex Offender Registry Check**, must be less than a year old and completed every five years. **<https://www.dhs.pa.gov/KeepKidsSafe/Resources/Documents/NSOR.APPLICATION.05.02.22.pdf>**

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102

ALLENTOWNDIOCESE.ORG | AD-TODAY.COM
Revised 2/14/2023



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

**Background Check Authorization Form for:
Lay Employees, Volunteers, Contactors, & Religious**

Have you resided in the State of
Pennsylvania for more than a
year?
Yes _____ No _____

Does position require interaction
with children? Yes _____ No _____

UEID _____

Location Type:

☐ Parish

☐ School

☐ Both

Diocesan Position:

☐ Contractor

☐ Employee

☐ Priest

☐ Religious

☐ Teacher

☐ Volunteer

PERSONAL INFORMATION - PLEASE PRINT

Full Name

Last

First

Middle

☐ Female

☐ Male

Alias(es)

Last

First

Middle

Race

Date of Birth:

mm

dd

yyyy

Social Security Number

Employees Only

Current Address:

Street Address

Apartment Number

City

State

Zip Code

Phone:

Email Address:

Diocesan Location

Site Name (IE St. Joseph)

City (Bethlehem)

ACKNOWLEDGEMENT SIGNATURE

I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with another Roman Catholic Diocese, as necessary.

Signature

Date

* Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.

* Parish /School must retain a copy of this completed form in the employee/volunteer's file.

* Fair Credit Reporting Act (FCRA) Summary of Rights on reverse side of form.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIocese of Allentown
Instructions to Obtain VOLUNTEER

Child Abuse History Certification Clearances

<https://www.compass.state.pa.us/cwis/public/home>

Create and Access an Individual Account

1. Use the address above to access the site to apply for a clearance.
2. You will need to begin the process of applying for a Child Abuse Clearance by creating an individual account. Click the "Create an Individual Account" button.
3. Read the information for creating a Keystone ID on the "Create Keystone ID: General Information" page. Click Next.
4. Create a Keystone ID. It can be any user name that you are familiar with for example: "lastnamefirstnameinitialmiddleinitial like "smithab."
5. Be sure to write down your chosen questions and the answers exactly. You will need the exact spelling of the answer for future use when asked the question as a security measure.
6. At this point you will receive an email with your Keystone ID (user name). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login.
7. Login to the system by clicking "Individual Login" on the home page given above.
8. Click "Access my Clearances."
9. Use your Keystone ID and the temporary password you received in your email to login to the system.
10. Choose a method to verify your identity, either answering security questions or receiving a verification code at your email address.
11. Answer "What type of device are you using?" with one of the following options:
 - a. "Public" as in a public device like one that might be at a library or a school
 - b. "Private" as in a private device that you own
12. Set a permanent password and write it down for your records. Close the window.
13. Login to the system (web address above) again using your Keystone ID and the permanent password that you have set.
14. Once you have logged in, you will be taken to the "My Child Welfare Terms and Conditions" page. Read through it and then select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions" box at the bottom of the page and click "Next".
15. Click "Continue."

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

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Applying for a Child Abuse History Certification

16. Click "Create a Clearance Application."
17. Click "Begin"
18. Volunteers should select "Volunteer having contact with children" for the Application purpose:
 - a. **Please note:** Volunteer clearances cannot be used for employment.
19. Enter all requested information. Make sure to include a local address that you have access to, so that you can receive a mailed copy of your results in addition to an electronic copy, if so desired.
20. Be sure to include your social security number that you can receive your results in a timely manner. Applications without a social security number provided can take more time to return results.
21. When you are listing the people you have lived with, please be sure to include your parents, even if you have not lived with them in the last 25 years. This will prevent the application from being kicked back for Insufficient information.
 - a. All applicants who were under 18 years of age in 1975 must list their parents or guardians among their Household Members.
 - b. Those who have passed can still be listed. You can note this rather than giving an age.
22. If you have received a free volunteer code (See label below), please enter it when asked to do so.

Place Fee-Waived Code Label Here

(LSEC Use Only)

23. Once you have completed the application click "Submit." Make note of the application number that shows at the end.

Next Steps:

You should receive an email that your application was received. You will also receive an email when your clearance is ready to access online. If you requested to receive a paper copy in the mail, that should arrive within 2 to 3 weeks, as long as the information you provided was accurate to the best of your knowledge and complete to the satisfaction of ChildLine.

If your application resulted in a letter requesting missing information, you may respond to this either by writing the information on the letter and mailing it back to ChildLine (address at the end of the letter), or you may call the ChildLine Verification Unit using the phone number on the letter to provide the missing information.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

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DIOCESE OF ALLENTOWN

Instructions to Obtain DHS Fingerprints for all Volunteers and Parish Employees

Go to the registration site: <https://uenroll.identogo.com/>

Enter your Service Code to get started

- Volunteer – **1KG6ZJ** for DHS Volunteer
- Employee – **1KG756** for DHS Employee

Select Schedule or Manage Appointment.

During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- You will be asked to fill in Employee Information, please enter
Employee Name: Diocese of Allentown
Country: United States
Address Line 1: PO Box F
Address Line 2: - leave blank-
City: Allentown
State: Pennsylvania Postal Code: 18105-1538
- You will be asked if your mailing address is the same as your residential address, please select NO
When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. Please enter your home address in the residential address area.

Payment Code

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Print a copy of the confirmation to take with you to fingerprinting appointment AND for your records.
- At the time of your appointment, you will receive a printed receipt, please give a copy to your location, keep the original for your files.
- An official copy of your results will be sent to your email address if you selected to be contacted through email. Please do not open on your phone. Your unofficial results are only available once, through a one-time use link. Do **NOT** login with your phone because the system doesn't allow letters pulled via mobile devices, but it does count as your single login. Only use the link provided by Identogo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING SOCIAL MEDIA AND ELECTRONIC
COMMUNICATIONS

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Social Media and Electronic Communications. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Social Media and Electronic Communications or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Social Media and Electronic Communications and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING CODE OF CONDUCT

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name





DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

Instructions to Obtain PGC Certificates

Protecting God's Children Program (PGC)

The Protecting God's Children™ program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done.

1. Please visit <https://www.virtusonline.org/virtus/>
2. Select the "First-Time Registrant" button
3. Select  "Begin the registration process"
4. Using the dropdown arrow select "Allentown, PA (Diocese)"
5. Click "yes or no" if you have previously registered with Virtus. Select "No" if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all *items. Do not select "No Email," you must have an email address to do the virtual training.
8. Please select the primary location you will be volunteering/employed
Please select at least one primary role you perform at this location
Please select any additional roles you perform at this location
Please enter your actual title or position of service
9. Select "Yes" if you are associated with any other diocesan locations, "No" if you are not.
10. Please answer the four questions on the next page, by selecting "Yes" or "No"
11. Please print and read the documents on the next page, select "I have read and understand this document", fill in your name and the date, select continue.
12. On the next page Select "Online Training" or "Online Spanish Training," then click the "Continue Button"
13. Have you already attended a VIRTUS Protecting God's Children Session? select "Yes" or "No"
14. If you selected "No" please select the training you'd like to take (English or Spanish).
15. Your home page will open, please click on You have 1 online module assigned, to start your training.
16. Thank you for registering for Virtus Online.
17. Upon completion, please sign out. After 72 hours sign back in to your account and print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator. Certificate can be found under training history. 
18. The following roles will be assigned monthly online readings on the Virtus website:

Priests	Deacons	Seminarians	Principals	K of C with Squire Programs
DRE/CRE	LSEC	Coaches	Youth Ministers	Prep/CCD Teachers
Employees	Teachers			



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
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Instructions to Obtain Mandated Reporter Certificates

Mandated Reporter Training

The Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course is available online. All clergy, employees, or volunteers who interact with children are required to attend. Mandated Reporter Training expires every 5 years. Please keep you login information for future trainings.

1. Pa Family Support Alliance website: <https://pafsa.org/>
 - a. Click on "Trainings & Programs" at the top of the page
 - b. Select "Mandated Reporter Training"
 - c. Scroll down the page until you see "Upcoming Virtual Sessions at no cost"
 - d. Look for Virtual Sessions in (month), (click here)
 - d. Select a date and time that works for you
 - e. Fill in all the required boxes marked with * (an asterisk)
 - f. Select "Register"
 - g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
 - h. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

2. University of Pittsburgh's website:
<https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>
 - a. Fill out all required information (blue fields) to create an account.
 - b. Click "Submit" to create a username and password.
 - c. Login using your new credentials in the "Welcome" tab.
 - d. Complete the 3-hour (minimum) training course.
 - e. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102

ALLENTOWNDIOCESE.ORG | AD-TODAY.COM
Revised 9/15/2022



Child Protective Services Law

All persons (including volunteers) who come into contact with children at any time in the course of their work **are considered mandated reporters of child abuse** and are required by State Law to report to law enforcement authorities all cases of suspected child abuse.

Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

Persons having reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following:

- If you suspect a child is in imminent danger from abuse,
PLEASE CALL 911 IMMEDIATELY.
 - Please call the Child Abuse Hotline (24-hour): **1-800-932-0313**
 - Please also complete the CY 47 form available from the County Children & Youth Services. It is to be filed within 48 hours of your call. The form is available for completion online at www.compass.state.pa.us/cwis or you may fax or mail the form to the appropriate Office of Children and Youth.
 - Please call the Appropriate Office of Children and Youth Services:

Berks	610-478-6700	Bucks	215-348-6950
Carbon	570-325-3644	Luzerne	570-826-8710
Lehigh	610-782-3064	Monroe	570-420-3590
Northampton	610-829-4690	New Jersey	877-652-2873
Schuylkill	570-628-1050	Montgomery	610-278-5800
 - The Pastor (or Board of Pastors of the Regional School)
 - The Principal of the school
 - Attorney Joseph A. Zator at 610-432-1900; please forward a copy of the CY-47 to Attorney Zator.
 - If abuse occurs in a school setting, there may be additional reporting requirements. Please see your Principal. If the suspected perpetrator is the Principal, then see your Pastor, or the Superintendent of Education for the Diocese.
- **Please document who you spoke to and when**

Anyone making a report is immune from civil or criminal liability provided a report is made in good faith.

**The Diocese of Allentown urges any questions
about the interpretation of the law be resolved in favor of reporting.**



DIOCESE OF ALLENTOWN
Child Protective Services Law Policy
Acknowledgment Form

I hereby acknowledge that I have received a copy of the Diocese of Allentown's Child Protective Service Law Policy.

I have reviewed the Child Protective Services Law Policy and understand its contents, and the process that I must complete if I have reasonable cause to suspect that a child has been subjected to child abuse or acts of child abuse.

I further understand that the Diocese of Allentown has issued the Child Protective Services Law Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Child Protective Services Law Policy, and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel or volunteer file.

(Date)

(Signature of Employee/Volunteer)

(Please print name)

Location (Parish/School/Office)

City



pennsylvania
DEPARTMENT OF TRANSPORTATION

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

ATTENTION DRIVERS : Please complete Parts C & E ONLY

Return ORIGINAL form to:

Patricia Unger
Diocese of Allentown
P.O. Box F
Allentown, PA 18105

Bureau of Driver Licensing • P.O. Box 66695 • Harrisburg, PA 17106-6695

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: \$12.00 FEE (Driver history is not included)
☐ 3 YEAR DRIVER RECORD: \$12.00 FEE
☐ 10 YEAR DRIVER RECORD: \$12.00 FEE (Employment Purposes Only)

- ☐ FULL HISTORY: \$12.00 FEE
☐ CERTIFIED DRIVER RECORD: \$38.00 FEE
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$12.00 FEE
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$38.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT's website at www.dmv.pa.gov

A REQUESTER INFORMATION		B END USER OF INFORMATION BEING REQUESTED	
NAME/COMPANY Diocese of Allentown		NAME/COMPANY	
ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> P. O Box F		ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence	
CITY Allentown	STATE PA	CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED) (610) 871-5200		DAYTIME TELEPHONE NUMBER (REQUIRED)	
RELATIONSHIP TO DRIVER (REQUIRED)		RELATIONSHIP TO DRIVER (REQUIRED)	
SIGNATURE X		D AFFIDAVIT OF INTENDED USE	
NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD		Intended Use of the Information Requested: CHECK ONLY ONE	
C DRIVER INFORMATION:		<input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order - NOTE: Filed copy of certificate prerequisite MUST accompany subpoena). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)	
NAME: LAST FIRST INITIAL		I hereby Certify that	
ADDRESS		PRINTED NAME OF REQUESTER	
CITY		will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both.	
STATE ZIP CODE		X	
PHONE NUMBER		SIGNATURE OF REQUESTER	
DATE OF BIRTH MONTH DAY YEAR		Title	
DRIVER NUMBER		SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR	
E DRIVER RELEASE:		X	
I hereby request		SIGNATURE OF PERSON ADMINISTERING OATH	
NAME OF DRIVER		SIGN IN PRESENCE OF NOTARY	
the Department of Transportation to furnish a copy of my PA Driver's Record to			
NAME OF PERSON/COMPANY			
X			
SIGNATURE OF DRIVER			
DATE			
F MICROFILM			
TYPE OF DOCUMENT			
DATE OF VIOLATION			
(see list of available documents below)			
Documents Available:			
<ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Ignition Interlock Removal Letter • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 			
MESSSENGER NO.			

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 7th 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: _____

NOTRE DAME HIGH SCHOOL

CHEERLEADING FALL CLINIC

Interested in learning what it takes to be an ND cheerleader and perform in front of a crowd?
Sign up for the ND cheerleading fall clinic!

OCTOBER 18 AND 19 • 4-5:30 PM

NOTRE DAME GYMNASIUM

**FINAL PERFORMANCE FRIDAY 10/20 AT THE ND
FOOTBALL GAME**

We are looking for any girls in grades K-8 who are interested in learning from our varsity squad.

Bring a water bottle and a positive attitude!

-\$50 per child (t-shirts will be provided)

\$25 if your child attended the summer clinic in July

Registration can be paid through **Venmo** at:
@NotreDame-HighSchool

Be sure to indicate that the payment is for the cheer clinic.

**Notre Dame Cheerleading
Fall Clinic Registration Form**

Child's Name: _____

Grade: _____

Parent's Name: _____

Parents Address: _____

Parent's Email: _____

T-shirt Size: Please check t-shirt size

YS _____

YM _____

YL _____

AS _____

AM _____

AL _____

AXL _____

Payment may be either by Venmo or check. If by check, please make the check out to Notre Dame High School.

You can mail your registration to:

Cheryl Fenton

c/o Notre Dame High School

3417 Church Road

Easton, PA 18045

Registration due on or before October 18th.



It's the most wonderful time of the year and we thought this would be a great way to kick off the season, an addition for your home or to give to others to enjoy during the holiday season.

Abundant Fresh Wreaths measure 22-24" in diameter, hand crafted by a local girl scout troop.

Each wreath is \$25, a portion of the proceeds will not only support the hard-working girls but also St Jane School. They also come with the pinecones and a bow to decorate as seen in the picture above. We have a limited amount to offer so these will be offered on a first come, first serve basis. Our goal is to sell 50!

Please send all order forms to WendyAnn Hornak (c/o Ethan Hornak 6A) with full payment cash or Venmo @WendyAnnHornak no later than October 27th. Pick up will be in front of St. Jane School November 28th between 5:30 – 6:30 pm

Your Full Name _____

Your Cell Phone # _____

Your Child's Name and Home Room

Total # of Wreaths _____

Please Circle Bow Color (if ordering more than one please place the # next to the color)

_____Red _____Burgundy _____Ivory

Middle School Dance



St Anne School of Bethlehem
6, 7, and 8th Grade Dance

Friday, November 10
7-9 pm

St Anne Gymnasium

\$5 Admission

Bring Student ID - No Admittance without it!

Snack stand will be open

Dress Code:

Jeans, Plain Tops (no slang, inappropriate icons, symbols, non-revealing), fingertip length dresses/skirts, NO hats

BARNES & NOBLE
BOOKFAIRS

**SAVE
THE DATE**

St. Jane Frances de Chantal School

Thursday, October 19th, 2023

6:00pm – 8:00pm

**Barnes & Noble (Southmont Center)
4445 Southmont Way, Easton, PA**

CAN'T ATTEND OUR BOOKFAIR AT BARNES & NOBLE?

Visit **BN.COM/bookfairs** to support us online from 10/19/2023 to 10/24/2023
by entering Bookfair ID 12664728 at checkout.

A percentage of your Barnes & Noble purchases will benefit our school/organization.

#BNBOOKFAIRS



Sudden Cardiac Arrest Education and Information

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

If not treated within minutes, SCA results in death. The normal rhythm of the heart can only be restored with defibrillation, an electrical shock that is safely delivered to the chest by an automated external defibrillator (AED).

How common is sudden cardiac arrest?

The Centers for Disease Control and Prevention estimate that every year there are about 300,000 cardiac arrests outside hospitals. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness;
- lightheadedness;
- shortness of breath;
- difficulty breathing;
- racing or fluttering heartbeat (palpitations);
- syncope (fainting);
- fatigue (extreme tiredness);
- weakness;
- nausea;
- vomiting; and
- chest pains.

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it. Symptoms are the body's way of indicating that something might be wrong. Athletes who experience one or more symptoms should get checked out.

What is the best way to treat Sudden Cardiac Arrest?

- Early Recognition of SCA
- Early 9-1-1 access
- Early CPR
- Early Defibrillation
- Early Advance Care

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student athletes safe while practicing or playing. The Act requires:

- Any student athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

☐ I acknowledge that I have reviewed and understand the symptoms and warning signs of SCA.

SIGNATURE

DATE

PRINTED NAME

Parish/School Name

Location

District



SUPPORTING A CULTURE OF VOCATIONS

Pray for Our Seminarians

At the request of Bishop Schlert, St. Jane School will be participating in three (3) days of prayer, collecting money, and a dress-down day to help with the building of the new St. Charles Seminary being built in Lower Gwynedd, PA.

We will have our prayers on November 1st, 2nd, and 3rd; bring our collection to chapel for the liturgy on November 1st; and have our dress-down day on Friday, November 3.

Although NJH usually ask \$1 for a dress-down day, we would gladly welcome more for this very worthy cause.

Thank you for your support and generosity in this special Diocesan activity.



FUNDRAISING

»» *Support* ««

ST. JANES HSA

**THURSDAY, OCTOBER 19
4PM-10PM**



**10%
DONATION NIGHT**

for **St. Janes HSA.**

Present this flyer at the Bethlehem location and Texas Roadhouse will donate **10%** of your total food purchases to **St. Janes HSA!**

**610-515-0225
4463 SOUTHMONT WAY
EASTON, PA**

ST. JANE USED UNIFORM SALE



MON. OCT. 23RD 5-7PM

TUES. OCT. 24TH 5-7PM

CONFERENCE CENTER - GROUND FLOOR

CASH OR CHECKS ACCEPTED

SIGN UP FOR YOUR SHOPPING SLOT ON SIGN UP GENIUS AT:

[HTTPS://WWW.SIGNUPGENIUS.COM/GO/10C044EA9AA22A3FDO-STJANESI](https://www.signupgenius.com/go/10c044ea9aa22a3fdo-stjanesi)

WINTER UNIFORMS START ON NOVEMBER 1ST!!!

PRICES RANGE FROM ONLY \$1 - \$5 PER ITEM.

CONTACT PERSON: REBECCA FREDERICKSON

REBECCAFREDERICKSON@ME.COM

CELEBRATE WILSON

BORO FALL *Festival*

Oct 12-14, 2023

At Meuser Park in Wilson Borough

**LIVE MUSIC, RIDES
GAMES, FOOD AND FIREWORKS**

To download the App
scan the QR Code to
follow all the activities
and daily events.



For More Details Visit www.borofallfest.org

The Wilson Area School District neither endorses nor sponsors the organization or activity represented in this document. The distribution of this material in the school district is provided as a community service.