

St. Patrick School
100 Harvey Street
Washington, IL 61571
309-444-4345

May 31, 2019

Irish Messenger

“Change: Think, Change, and Grow”
“Believe the incredible and you can do the impossible.”
-Archbishop Sheen

Important Upcoming Dates

Aug. 7—Prep Day; 8:30 am– 11:30am & 5:30pm–
7:30pm, Gym

Aug. 8—Tentative:

Preschool/Kindergarten Picnic 5:00-6:30pm

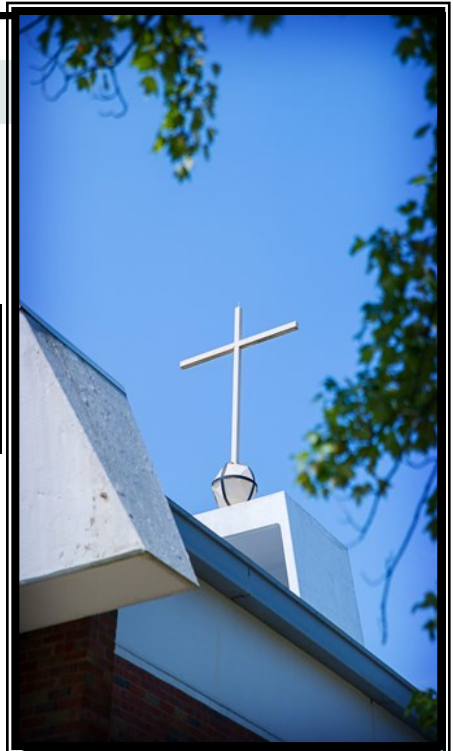
Back to School Pool Party 7:00-9:00pm

Aug. 19—First Day of School K-8; 11:30 am Dismissal

No aftercare

Sept. 2—No School; Labor Day Holiday

Sept. 3—Preschool Programs Start



UPCOMING SPORTS /
ACTIVITIES

“Reverence, Respect, Responsibility.....Excellence in
Academics and Faith Formation”



MESSAGE FROM THE PRINCIPAL

REFLECTIONS

“THE DAY YOU REALIZE THAT ANYTHING IS POSSIBLE WITH GOD IS THE DAY YOU REALIZE JUST HOW UNSTOPPABLE YOU ARE.”

“TWO WAYS TO OVERCOME THE PROBLEMS IN OUR LIVES AND LET GOD TURN THEM INTO OPPORTUNITIES ARE BY BEING HOPEFUL AND BY BEING GRATEFUL.”

“EVERY DAY IS A FRESH PAGE, A CLEAN START.”

“WHAT DO YOU THINK ABOUT THE MOST? THAT’S YOUR TREASURE. THAT’S YOUR HEART.”

“WHO IN YOUR LIFE NEEDS A MIRACLE? OFFER UP YOUR SURRENDERING FOR THEM.”

“WHAT MATTERS MOST IS HOW WE TREAT THE PERSON WHO NEEDS THE MOST IN ANY GIVEN MOMENT, NOT WHETHER OR NOT WE GET A TASK DONE.”

JUSTIN FATICA, *YOU’RE AMAZING*

“HE WHO HOLDS HIS TONGUE FOR A DAY WILL SPEAK MUCH MORE WISELY TOMORROW.”

“WHAT IS REALLY IMPORTANT IS WHAT HAPPENS WITHIN US, NOT OUTSIDE US.”

“HAPPINESS DOES NOT DEPEND ON ACCUMULATING MORE THINGS, BUT ON THE MINDSET WE HAVE CONCERNING THE THINGS WE ALREADY DO POSSESS.”

FULTON SHEEN, *FINDING TRUE HAPPINESS*

Parents,



Have a Safe and Happy Summer!
See you on August 19th!

Summer Hours are Monday-Friday from 9:00am –12:00pm.



Reverence, Respect, Responsibility.....Excellence in Academics and Faith Formation”

Is the thought of August craziness already bringing you down? Is the idea of the start of school stressing out your summer?



There is no need to worry! You can beat the start of school rush! The secretaries of St. Patrick School are anxiously standing by to take your call. Or you can come to the office Monday-Friday 9am– 12pm.

Administrative tasks that can be done this summer:

- ♦ If you are wanting to chaperone a field trip, volunteer and/or attend a party at the school, you must take the Safe Environment and Defensive Driving Training. Attached is the information needed to complete these. The paperwork needs to be dropped off at the school office.
- ♦ Schedule your children's physicals, dental exams or vision exams as soon as possible. These can be dropped off at the school office throughout the summer.
- ♦ If your child is new to our school, we need to see a Certified Birth Certificate. We will make a copy of it and return it to you.
- ♦ If your child is new to our school and in Kindergarten-8th Grade, we need a copy of your child's Baptismal Certificate.

We are so lonely here at St. Patrick School now that your children are gone for the summer. So please stop by, say hello and take care of the dreaded (necessary) paperwork!

CMGConnect

DIOCESE OF PEORIA



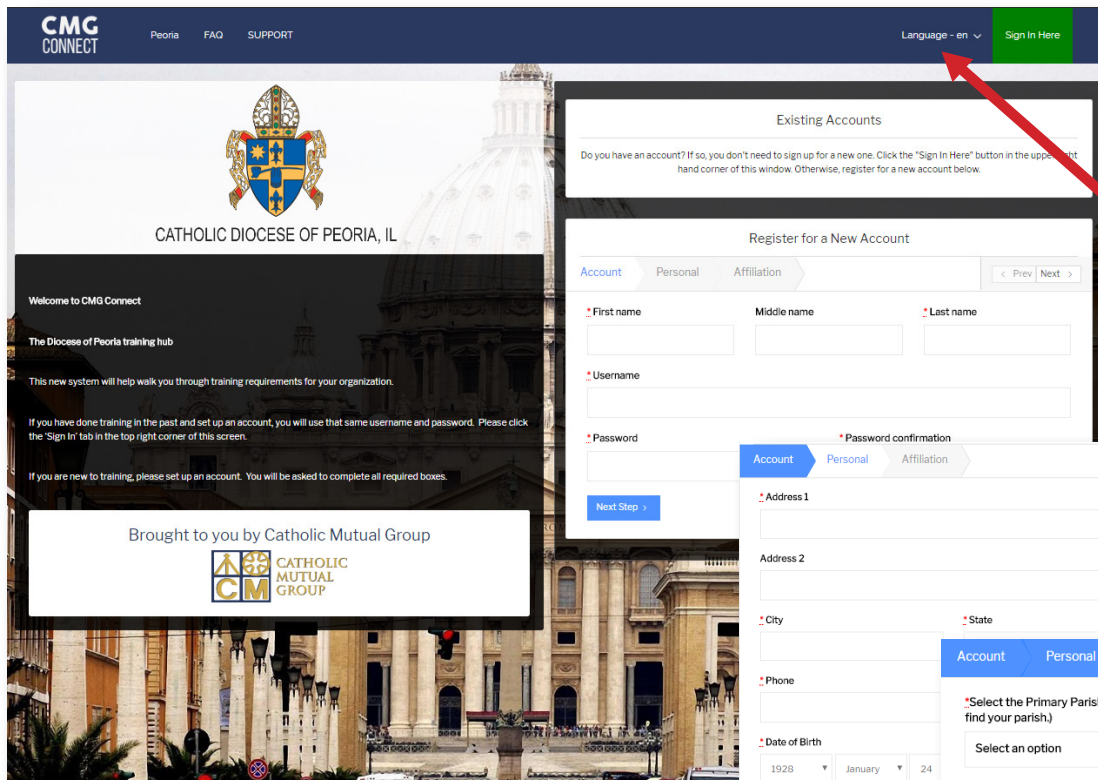
Safe Environment Training

Getting Started:

1. Go to <https://peoria.cmgconnect.org/>
2. Create a new account by completing all the boxes. This includes address, primary parish, and how you participate at your parish or school. If you have questions please contact your parish/school coordinator.
3. Your main learning dashboard will show you all of the requirements and optional training curriculums that have been customized for your particular role within the Diocese.
4. Click 'Start Curriculum' for the Safe Environment Training Curriculum.
5. Once training is completed, you can access your completion certificate by returning to the training dashboard and clicking 'Download Certificate'.

For more information, please use your FAQ or Support tab at the top of the screen.





Users can click here to create their accounts in Spanish prior to registering

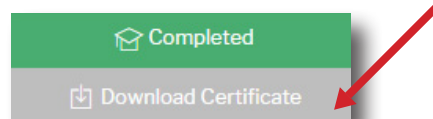
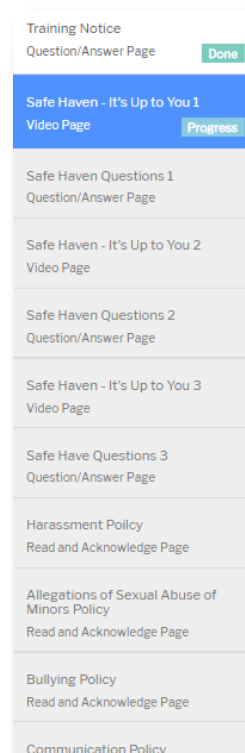
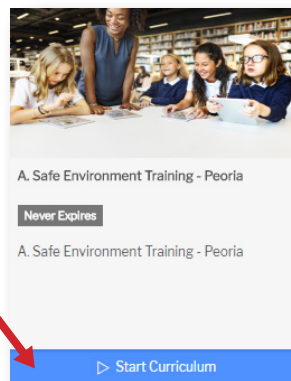
• You will progress through ALL three account creation screens before your registration is complete. *If you are unsure of what role to select for your participation category, please contact the diocese.*

• On your main dashboard, you will click Start Curriculum

• Complete the training sections—as you work through they will be marked as **Done** in each box.

• When finished, click the 'Dashboard' tab on the left side of your screen to return to your training options.

• Access your certificate by locating the completed curriculum on your dashboard and clicking the gray 'Download Certificate' button.



<https://Peoria.CMGconnect.org/>

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: _____ Gender: Male Female Race: _____

Current Address: _____
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Family Services to conduct a search of the Child Abuse and Neglect Tracking System (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed Date

Please type, use bold letters or label:

309-671-1580 (Submitting Agency Fax Number)
mblock@catholicmutual.org (Submitting Email Address)
Diocese of Peoria (Agency Name)
Melissa Block (Contact Person)
419 NE Madison Avenue (Address)
Peoria, IL 61603 (City/State/Zip)

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services
406 E. Monroe – Station #30
Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov



CRIMINAL HISTORY (S2Verify) BACKGROUND SEARCH FORM

For ALL school and parish volunteers and employees of parishes and other diocesan institutions.

PLEASE NOTE: This form is not valid for school employees; they must complete the Fingerprint Applicant Form in compliance with the Adam Walsh Act.

INSTRUCTIONS: Please **PRINT** all information below, then sign and date.

Location of employment/volunteer service: _____
School/Parish/Institution City

Please check (v) your current position: Employee Volunteer

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Date of Birth (m/d/yyyy): _____

Social Security Number: _____

Maiden and/or Former Name(s): _____

Additional Addresses: List all addresses of residence for the past 7 years outside of your current county of residence (use other side if necessary).

Street City State Zip

Street City State Zip

Street City State Zip

Street City State Zip

By your signature below, you authorize the Catholic Diocese of Peoria to complete a criminal history background search through S2Verify and you certify that you are not presently employed by a Catholic school in the Diocese of Peoria, IL.

Signature: _____ Date: _____

VOLUNTEERS CODE OF CONDUCT

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines of this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our _____ [parish/school] and the Catholic Diocese of Peoria.

As a volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and The Department of Children and Family Services. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.

As a volunteer, I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.
- Access, view and/or distribute pornography, including, but not limited to child pornography.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history and fingerprinting. I understand that any action consistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth.

Volunteer's Printed Name

Volunteer's Signature

Dated: _____

TEACHER, YOU GET AN A + FOR EFFORT

THANKS FOR DOING AN AMAZING JOB SPREADING
THE WORD ABOUT THIS AWESOME PROGRAM.

**GIVE
BACK**
to schools

Office DEPOT OfficeMax

Keep up the great work while keeping this in mind. Earning free supplies isn't just an August thing – it's a YEAR ROUND thing!
So, don't forget to remind all your parents to make a purchase of qualifying school supplies at any Office Depot or OfficeMax, provide our school ID at checkout and we'll receive
5% BACK IN CREDITS FOR FREE SUPPLIES.



Remember to provide this information at checkout so your school doesn't miss out!

School name St. Patrick School

School ID 70035060

Store name _____

Store address _____

Give Back to Schools Program: Pre-K-12th grade schools only. 5% of qualifying purchases (after deducting discounts and the value of any Rewards Certificates or Merchandise Cards applied to the purchase) made during each program period will be offered quarterly as an Office Depot®OfficeMax®Merchandise Certificate to the participating school designated by each customer (up to a total of \$10 million). Products that do not qualify are: technology and consumer electronic products and accessories, media and software that is not education or reference related; furniture and furniture accessories; ink and toner; gift and prepaid cards; postage stamps and purchases from print and copy centers. Purchases made to contract business accounts and by resellers do not qualify. Credits are not available to schools with less than \$10 in tallied credits. Unaccepted/declined credits are void. Visit OfficeDepot.com/givebts for details.

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PreK & Kindergarten

OPEN HOUSE

WE BELIEVE IN *family*

...COME GET TO KNOW *Ours*

believe



ACCEPTING APPLICATIONS
FOR THE CURRENT SCHOOL
YEAR



OPEN HOUSE

Meet the IRISH

COME JOIN US ON JUNE 6, 2019 AT 5:30PM

- ◆ Certified Teachers
- ◆ Academic & Play Based Learning
- ◆ Eureka Math Curriculum
- ◆ Faith-based
- ◆ Snacks Provided
- ◆ Gross & Fine Motor Skill Activities

THURSDAY, JUNE 6TH

5:30 PM–7:00 PM

100 HARVEY STREET

WASHINGTON, ILLINOIS 61571

309-444-4345

<https://school.stpatswashington.com/>

Facebook: St. Patrick Catholic Parish, Washington, IL

KIDS WELCOME TOUR PRE-K & K CLASSROOMS

*** SAVE THE DATE ***

TOTUS TUUS 2019

a summer camp for Catholic Youth

For more information and to print a registration form once they are available, please visit our website <http://www.stpatswashington.com/teen-ministry>

WHAT'S IT ALL ABOUT?!

Totus Tuus seeks to inspire in young people a true longing for holiness, a deep desire for daily conversion, and an openness to their vocation by challenging them to give themselves entirely to Jesus Christ through Mary, and by continually strengthening their prayer lives in imitation of Her.

Led by an energetic team of four college students, Totus Tuus demonstrates that one can be a faithful, practicing Catholic AND STILL HAVE FUN!



HAVE FUN
MAKE NEW FRIENDS
BE A BETTER CATHOLIC



SAVE THE DATE! SAVE THE DATE!

YOUTH SESSION

Incoming 1st - 6th Graders
Monday, July 15th - Friday, July 19th
9:00AM - 2:30PM

TEEN SESSION

Incoming 7th - 12th Graders
Sunday, July 14th - Thursday, July 18th
7:00PM - 9:00PM

SAVE THE DATE! SAVE THE DATE!

TOTUS TUUS 2019

PARTICIPANT REGISTRATION FORM

Family Last Name: _____

Parents' Name(s): _____

Address: Street _____

City, State, Zip _____

Preferred Phone number(s): **please indicate home (H) or cell (C)**

Preferred Email: _____

Children to be enrolled in Totus Tuus and their grade levels (1-12) for the NEXT YEAR of school:

CHILD'S NAME	DATE OF BIRTH	GRADE IN 2019	KNOWN ALLERGIES & OTHER IMPORTANT MEDICAL INFO	CURRENT MEDICATIONS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General Permission

I request that my child(ren), _____, be allowed to attend Totus Tuus located at/in St. Monica / St. Patrick Parishes which takes place: July 14th - July 19th . I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this event.

RETURN FORM TO: St Patrick Catholic Parish
705 East Jefferson
Washington, IL 61571

MAKE CHECKES PAYABLE TO: St Patrick Church

Please mark # of children on appropriate line(s) below:

___ \$25 / child, Grades 1-6

___ \$50 / family (3+kids), Grades 1-6

___ \$10 / teen, Grades 7-12

OFFICE USE ONLY

Total Due: _____

Total Paid: _____

Check # _____

***** Preferred method of contact *****

Email Phone Call Text

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren), _____, by the people in charge of the Totus Tuus event, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Insurance Information

Policy Holder (in the name of): _____
Insurance Company: _____
Policy Number: _____
Identification/SSN: _____
Authorized Physician: _____ Phone #: _____
Authorized Hospital: _____

Parent/Guardian Signature: _____ **Date:** _____

In case of emergency, when parents can't be reached, please contact: _____

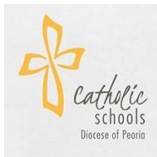
Relationship to child: _____

Phone #(s): _____

Videotaping and Still Photographs

Video, still photographs and audio recordings may be taken during Totus Tuus. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent/Guardian Signature: _____ **Date:** _____



Totus Tuus Morning Session Bus Rider Permission Form
July 2019



Form with fields: Name of School (St. Patrick School, Washington), Date of Trip (7/15/19 - 7/19/19), Destination (St. Monica Parish, East Peoria), Student Cost for Trip (\$5 one way / \$10 round trip per child), Educational Purpose (Totus Tuus Bus Transportation), Departure Time (8:30 a.m.), Return Time (3:00 p.m.), Trip Supervisor (Joel Geisz (bus driver)), Transportation (School Bus)

***Please fill out the bottom portion and return along with your payment to the St. Patrick Church Office. Checks may be made payable to St. Patrick Church.

Code of Behavior: As a participant he or she is representing our parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our Diocese.

Some Expectations:

- 1. All bus riders are expected to arrive on time.
2. All bus riders are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under age 18, I also understand and agree that my parents or guardian will be notified at the time of the infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Participant #1 Signature: _____
Participant #2 Signature: _____
Participant #3 Signature: _____
Participant #4 Signature: _____
Parent/Guardian Signature: _____
Date: _____

Medical Permission Form: I grant permission for the administration of First Aid to my child(ren), _____, by the people in charge of the above referenced activity/event, and those transporting my child to and from the event as their judgment deems advisable, to sign the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery if deemed necessary for my child.

Child #1
Participant's Name: _____
Date of Birth: _____
Child #2
Participant's Name: _____
Date of Birth: _____
Child #3
Participant's Name: _____
Date of Birth: _____
Child #4
Participant's Name: _____
Date of Birth: _____
Parent/Guardian Signature: _____
Date: _____

Please check the bus rider option that your child(ren) will be using:

- Child(ren) will be riding the bus from St. Patrick School TO Totus Tuus at 8:30 a.m. (+ \$5.00/child)
Child(ren) will be riding the bus home to St. Patrick School FROM Totus Tuus at 3:00 p.m. (+ \$5.00/child)
Child(ren) will be riding the bus TO and FROM Totus Tuus at 8:30 a.m. and 3:00 p.m. (+ \$10.00/child)

***Note: If your children will be using different bus rider options, please indicate which child will be using each option.

OFFICE USE:
Total Due: _____
Amount Paid: _____
Check #: _____

Drama Camp

Interested in acting, singing, dancing, or performing? Come join us for our first ever summer drama camp! This summer, the St. Mark Drama Department is hosting a workshop for students entering grades 4-8 (for the 2019-2020 school year). Over the course of the five day workshop, students will participate in a dance class, an improv class, a vocal lesson, and will eventually work their way up to a performance at the end of the week! The workshop will run June 10-14th from 12:30 - 4:00 and will take place in the St. Mark's gym. The cost is \$30 per student and will cover materials and a snack. Come join the fun! Spots are limited so sign up today! <http://bit.ly/StMarkSchoolDramaCamp>

Questions? Contact Amanda Connon - aconnon@saint-mark.net by June 5th.

**TAZWOOD COMMUNITY SERVICES HAS
RECEIVED A GRANT TO HELP WITH
SCHOOL SUPPLIES AND BOOK BAGS FOR
CHILDREN ENTERING K-12 IN TAZEVELL COUNTY**



Income Guidelines: (30 day gross household income)

2 persons~\$1,761

5 persons~\$3,142

8 persons~\$4,524

3 persons~\$2,222

6 persons~\$3,603

9 persons~\$4,984

4 persons~\$2,682

7 persons~\$4,063

10 persons~\$5,4404

Please call 309-266-9941 or 309-694-4391

for more information.

CALL IN DAY WILL BE MONDAY

JUNE 24TH AT 8:00 a.m.