



*Religious Education Office*

**TO: Parents of Assumption BVM Religious Education Program**  
**FROM: Assumption Religious Education Office**  
**SUBJECT: Opportunity to “opt your child out” of the *Touching Safety* program**  
**DATE: September 2008**

As in the past, we will present the *Touching Safety Program*, to our students. This is the Church’s ongoing effort to help create and maintain a safe environment in order to protect all children from physical and sexual abuse.

The lessons are being offered to all students Grades K-8. As a parent, you have the right to choose whether or not your child participates. We have the lesson plans available for you to view. If you have questions about the program or the lessons, please contact Cheryl Sokolowski at 361-5126 ext. 257.

If you determine that you DO NOT want your child to participate, please complete the “opt-out” form at the bottom of this page, and return it to your child’s catechist or to the Religious Education Office.

For more information on the *Touching Safety* program, visit the VIRTUS *Online*™ website at [www.virtus.org](http://www.virtus.org).

**Opt-out form:**

Assumption Rel. Ed. does not have my permission to present the *Touching Safety* program to my child. The children that will not be participating will still come for class and do alternate activities/lesson.

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Time attending: 4:30pm or 6:30pm or SUN Catechist name \_\_\_\_\_

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Time attending: 4:30pm or 6:30pm or SUN Catechist name \_\_\_\_\_

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Time attending: 4:30pm or 6:30pm or SUN Catechist name \_\_\_\_\_

Parent’s Name (please print): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

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