

TO: Parents/Guardians
FROM: St. Joseph and Holy Trinity Catholic Parishes
SUBJECT: *Touching Safety* program
DATE:

The Diocese of Gallup is engaged in an ongoing effort to create and maintain a safe environment for children and to protect children from all types of abuse, including sexual abuse. As part of this effort, **St. Joseph and Holy Trinity** will be providing the *Touching Safety* program to our students on **February 6, 2019.**

As a parent, you have the right to choose whether your child participates. Please fill out the attached form, indicating your preference with regard to your child's participation in the *Touching Safety* program, and return it your child's teacher no later than **January 19, 2019.**

For more information on the *Touching Safety* program, visit the VIRTUS *Online*TM website at www.virtus.org.

Permission for my child to participate in the *Touching Safety* program:

I give _____ permission to present the *Touching Safety* program to my child whose name is _____.

Parent/Guardian's name (printed): _____

Parent/Guardian's Signature: _____

Date: _____

Opt-out form for use with the *Touching Safety* program:

_____ does not have my permission to present the *Touching Safety* program to my child whose name is _____

Parent/Guardian's name (printed): _____

Parent/Guardian's Signature: _____

Date: _____

If you choose to opt-out of the program, do you wish to come to the office to get copies of the material to teach your child yourself? Yes _____ No _____