

Archdiocese of Hartford

CHILD LURES PREVENTION PROGRAM THINK FIRST & STAY SAFE

“Parents Opt-Out” Form

Date: _____

Child's Full Name: _____

School/Religious Education Program: _____

City: _____ Child's present grade: _____

Please verify by initialing the following statements:

____ The Safe Environment Program was offered to my child.

____ It is my choice that my child not participate in the program.

____ I have received materials from the parish, school or program for me to use to instruct my child on the topic.

Name of Parent or Guardian _____

(please print clearly)

Signature: _____

Please return this form to:

(Name) _____ (Title) _____

(Parish/School) _____

(Address) _____

(City/State/Zip Code) _____

Please retain this form on file at your parish or school