

VIRTUS for Children: Teaching Touching Safety Program
Archdiocese of Los Angeles
"Opt-Out" Form

My Child's Full Name: _____

School/Religious Education Program: Saint Kateri Parish

City: Santa Clarita, CA

Grade: _____ Class Day: _____ Class Time: _____

Please verify by initialing the following statements:

_____ The VIRTUS for Children: Teaching Touching Safety Program was offered to my child.

_____ It is my choice that my child not participate in the VIRTUS for Children: Teaching Touching Safety Program.

_____ I have received VIRTUS for Children: Teaching Touching Safety Program materials from the parish, school or program for me to use to instruct my child on this topic.

Training materials for VIRTUS for Children: Teaching Touching Safety Program are available in the Religious Education Office at Saint Kateri Parish and on the Website at: saintkateriparish.org.

Name of Parent or Guardian _____

(Please print clearly)

Signature _____ Date _____

Please return signed form to:

Bonnie Bulder - Administrative Assistant

Saint Kateri Parish

22508 Copper Hill Drive

Santa Clarita, CA 91350

661-296-6945 ext. 7902

This form is to be retained in the child's religious education file.

Revised 09/2013