

TO: Parents  
FROM: Holy Cross Catholic Church  
SUBJECT: Prevention Education Notice / Opt-Out Form  
DATE: August 1, 2011

Holy Cross Parish will present a sexual abuse prevention program, the *Touching Safety* program to our students during the months of September and October. This program is provided to us by the Diocese of Charleston and is a part of our ongoing effort to help create and maintain safe environments for all children and youth in our care.

Lessons are being offered to all students at Holy Cross Church. As parents, you have the right to decide if your student participates in the program. We encourage you to read the "overview" and "lesson plan" assigned to your child's age group to understand exactly what your child will be taught. These can be found on the parish website or you may request a copy from the parish office.

**It is important to note, this is basic prevention education and is in no way to be considered sex education or education on private body parts.** Neither of these components fall within our educational mandate to provide your child with the information needed to keep them safe from those who would do them harm.

Please complete the "opt-out" form at the bottom of this page indicating your desire to have your student participate or not participate in the program.

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

\_\_\_\_\_ Holy Cross Church **does not** have my permission to present the *Touching Safety* program to my child/children. I prefer to cover this information at home.

\_\_\_\_\_ Holy Cross Church **does** have permission to present the *Touching Safety* program to my child/children.

Please list **names** and **grades** of children:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Parent's name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

**HOLY CROSS CHURCH**  
 2011/2012 Registration: Christian Formation & Youth Ministry

Family Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Family Information**

Father's Name	Religion	Work Phone	Mother's Name	Religion	Work Phone

**Student Information**  
*Please check all sacraments received*

Full Name (including last name)	Sex	Grade	Birthdate	Age	Baptism	Penance	Eucharist	Confirm.	Special Needs/Allergies/Other Info
	M	F							
	M	F							
	M	F							
	M	F							
	M	F							

Parish at which child(ren) attended classes **last year** \_\_\_\_\_ Parish at which your family is **currently** registered \_\_\_\_\_

**Parental/family support of our program is vital for our success. Please indicate at least one area in which you can assist our ministry:**

Teaching/Substitute Teaching	Class Parties	Arts & Crafts
Jr./Sr. High Youth Ministry	Chaperoning Events	Service Projects
Classroom Assistance	Receptions	
Other: please indicate _____		

Students may be photographed during religious education classes/activities. Photos may be used for display or published on the parish website.  
 I \_\_\_do\_\_\_ do not consent to my child being photographed for this purpose.

\_\_\_\_\_ Date Rec'd