

PROTECTING GOD'S CHILDREN PERMISSION SLIP 2018-19

For Elementary, Jr. High and High School Students

TO: Parent or Guardian enrolling their child in the St. Francis Xavier Parish Religious Education Programs for Elementary and Teens

FROM: Mrs. Rosie Roope, St. Francis Xavier Parish Religious Education

**SUBJECT: Protecting God's Children
VIRTUS® Touching Safety Program for Children and Young People**

Dear Parents,

As part of our religious education program, we will be presenting Protecting God's Children lesson to our students during one of their regular class meeting days. A new lesson is presented each year rotating on a three-year cycle. They

focus on: Boundaries & Bullying and Telling Someone You Trust
Internet Safety and Following Family Rules
Teaching Safety Rules and Safe Friends, Safe Adults & Safe Touches

The Protecting God's Children program was developed consistent with guidelines established by the Church. They assume that the primary education of children is in the hands of the parents and that responsible, thoughtful, classroom instruction can enhance and reinforce the parents' teaching and increase the child's ability to resist the overtures of potential child molesters.

Should you have any questions or concerns, or if you would like for your child to opt-out of the Teaching Touching Safety Lesson, please contact me at 818-504-4411.

Thank you,

Rosie Roope,

Religious Education Dept., St. Francis Xavier Parish



St. Francis Xavier Parish Religious Education Program – Protecting God's Children

Please return this form with the registration paperwork. **One form per child/teen.**

I understand that for my child/teen to participate in the VIRTUS® "Touching Safety Program" I need to fill out and return this Parent Permission Form. I am specifically requesting that St. Francis Xavier Parish present the *Protecting God's Children- session for the 2018-19 school year.*

Child's/Teen's Name (please print): _____
First Last

Class (please check one):

- | | |
|--|---|
| <input type="checkbox"/> Elementary 1 st Year | <input type="checkbox"/> Confirmation Yr 1 |
| <input type="checkbox"/> Elementary 2 nd Year | <input type="checkbox"/> Confirmation Yr 2 |
| <input type="checkbox"/> Elementary 3rd-5th Year | <input type="checkbox"/> RCIA for Youth/Teens |
| <input type="checkbox"/> Sunday School | |

Parent's Name (printed): _____ Date _____

Parent's Signature: _____