

St. Patrick Parish, Amboy

**Formation in Christian Chastity and Safe Environment Program
“Opt-Out” Form**

TO:	Parents
FROM:	Fr. Timothy Draper, Pastor
DATE:	
RE:	Opportunity to opt your child out of instruction in the <u>“Diocese of Rockford Formation in Christian Chastity and Safe Environment Program”</u>

On September 10 and 17, 2017, St. Patrick Parish will present to our Religious Education students materials on _____Christian Chastity _____Safe Environment, from
(check if applicable) (check if applicable)

the “Diocese of Rockford Formation in Christian Chastity and Safe Environment Program.” This program has been approved by Bishop David J. Malloy. We offer the program as part of our ongoing commitment to create and maintain a safe environment for our children and to protect them from sexual abuse, and to instruct them in the integrity of their persons and bodies.

You have the right to choose whether your child participates in this instruction. We encourage you to read the informational materials on the “Diocese of Rockford Formation in Christian Chastity and Safe Environment Program”, which can be found on the St. Patrick Parish website at www.stpatrickamboy.org/youth-faith-formation, at the appropriate Chastity and Safe Environment “Link”. If you have questions, please contact Susan McCoy, Coordinator of Religious Education at 815-857-2315.

If you determine that you *do not* want your child/children to participate, please complete the “opt-out” form at the bottom of this page and return it to the parish office, c/o Susan McCoy no later than September 8th, by 12:00 p.m. (noon).

“Opt-Out” Form

Check the sentence below (1 or 2) that applies.

1. _____I do not want my child(ren) to receive instruction in
_____Formation in Christian Chastity (check if applicable),
_____Safe Environment (check if applicable).

I have been offered materials for use with my child(ren) at home and *I intend to provide the training to my child.*

2. _____I do not want my child(ren) to receive instruction in
_____Formation in Christian Chastity (check if applicable),
_____Safe Environment (check if applicable).

I have been offered materials for use with my child(ren) at home and *I do not plan to provide the training of my child.*

Parents Name (please print): _____

Parents Signature: _____ Date: _____

Child(ren)’s Name(s): _____