

St. Paul's Catholic School

428 Second Avenue North
Jacksonville Beach, FL 32250
(904) 249-5934

TO: Parents

FROM: St. Paul's Catholic School

SUBJECT: Opportunity to "opt your child out" of the *Touching Safety* program

DATE: February 8, 2018

Dear Parents,

St. Paul's Catholic School will present a sexual abuse prevention program entitled the *Touching Safety* program beginning February 21, 2017. The creators of the *Protecting God's Children*™ program developed the *Touching Safety* program. This program is provided to us by the Diocese of St. Augustine, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered at this time to all first, third, fifth and seventh grade students at St. Paul's Catholic School. As a parent, you have the right to choose whether your student participates. We encourage you to read the *Protecting God's Children –Teaching Touching Safety Overview for Parents* so you will be aware of the nature and scope of the *Touching Safety* program. To view the Overview, go to the school's external webpage at www.stpauscatholicsschool.com then click on Parents tab. Select Overview of the *Touching Safety* Program and Lesson Plan. Those families without internet access can view the Guide enclosed with this letter. Grade level lessons are available for parent review in the guidance office, upon request. If you have questions about the program or the lesson, please contact Linda Gurt, school counselor, or Krissy Thompson, principal, at (904) 249-5934. If you determine that you **DO NOT** want your child to participate, please complete the "opt-out" form at the bottom of this page, and return it to your child's teacher no later than Monday, February 16, 2018.

For more information on the *Touching Safety* program, visit the VIRTUS *Online*™ website at www.virtus.org.

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

St. Paul's Catholic School **DOES NOT** have my permission to present the *Touching Safety* program, to my child whose name is _____.

Parent's name (printed): _____

Parent's Signature: _____

Date: _____