

Dear Faith Formation Parents,

The Diocese requires that we offer Safe Environment classes to all Faith Formation students from Kindergarten through 12th Grade every year. This year we will be using age appropriate DVDs that have been approved by the Diocese of Owensboro for the training.

Please complete the permission information below. No student can attend Safe Environment training without parental approval. If you decide that your child will **not** attend, we are required to have documentation from you (*Opt Out Form*). The Opt Out Form is the next page of this packet. As noted earlier, all children (K–12) in the diocese are required to receive Safe Environment training.

If you have any questions, please feel free to call the Faith Formation office at 270-443-0295.

Thank you and God bless.

Ging Smith
Director, Faith Formation

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Safe Environment Program 2017-2018

Child's Name _____ Grade _____

Parent/Guardian Name _____

YES, my child will attend the class _____ **NO**, my child will not attend the class _____

Parent/Guardian Signature _____

COMPLETE ONLY IF OPTING OUT OF SAFE ENVIRONMENT TRAINING

Parish Name: _____

Diocese of Owensboro Opt-Out Form: Minor's Safe Environment Training

(Form required for any registered participant NOT receiving training)

Safe Environment training for minors:

- Recognizes the God-given dignity of even our youngest Church participants.
- is an annual teaching requirement within the Catholic Church youth programs.
- helps children/youth experience a healthy Church setting as they develop their relationship with Christ.
- focuses on **safe personal boundaries, protection from physical/sexual boundary violations, and appropriate • trusting relationships with adults.**
- has age-appropriate training materials available for parental review.

Parent/Guardian Name _____ **Phone #** _____

Address: _____
Street City State Zip

_____ The child/ren listed below may NOT participate in the parish/ Safe Environment training. (The parish will provide relevant educational information for you and your family.)

Child's Name _____ **Grade/Age** _____

Has this child received any sexual abuse prevention training elsewhere this year? If so, when _____ and
Where? _____

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Child's Name _____ **Grade/Age** _____

Has this child received any sexual abuse prevention training elsewhere this year? If so, when _____ and
Where? _____

Parent/Guardian Signature _____ **Date** _____

Received by _____ **Date** _____
Pastor / DRE / Church Representative