

**VIRTUS “Teaching Touching Safety”
Youth/Children’s Program
Archdiocese of Los Angeles
“Opt-Out” Form**

Please sign this form if you do NOT wish your child to participate in the Teaching, Touching Child Safety Program.

Date: _____

My son/daughter’s full name:

Grade/Class: _____

Faith Formation Program: Our Lady of Mount Carmel Parish
City: Santa Barbara

Please verify by initialing the following statements:

_____ The Safe Environment Program, VIRTUS, Protecting God’s Children,
was offered to my child.

_____ **It is my choice** that my child **not** participate in the program.

_____ **I have received materials (Parent Guide)** from the parish
for me to use to instruct my child on this topic.

Name of Parent/Guardian _____
(Please print clearly)

Signature _____ Date _____
(Please use *one form for each child* in your family)

Please return the completed & signed form to:

**Sr. Rosalie Callen
Parish Catechetical Leader
Our Lady of Mount Camel Parish
1300 East Valley Rd.
Santa Barbara, CA 93108**

rcallen@mtcarmelsb.com

(805) 969-4868