

STUDENT #1

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (<i>circle</i>) Birthdate	
Grade as of Fall '17 School Name	
Where did he/she attend RE classes 2016-2017?	
Allergies, medical or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
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FHC Confession	Need	Received
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FHC	Need	Received
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Confirmation	Need	Received
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STUDENT #2

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (<i>circle</i>) Birthdate	
Grade as of Fall '17 School Name	
Where did he/she attend RE classes 2016-2017?	
Allergies, medical or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
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FHC Confession	Need	Received
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FHC	Need	Received
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Confirmation	Need	Received
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STUDENT #3

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (<i>circle</i>) Birthdate	
Grade as of Fall '17 School Name	
Where did he/she attend RE classes 2016-2017?	
Allergies, medical or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
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FHC Confession	Need	Received
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FHC	Need	Received
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Confirmation	Need	Received
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STUDENT #4

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (<i>circle</i>) Birthdate	
Grade as of Fall '17 School Name	
Where did he/she attend RE classes 2016-2017?	
Allergies, medical or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
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FHC Confession	Need	Received
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FHC	Need	Received
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Confirmation	Need	Received
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STUDENT #5

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (<i>circle</i>) Birthdate	
Grade as of Fall '17 School Name	
Where did he/she attend RE classes 2016-2017?	
Allergies, medical or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
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FHC Confession	Need	Received
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FHC	Need	Received
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Confirmation	Need	Received
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STUDENT #6

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (<i>circle</i>) Birthdate	
Grade as of Fall '17 School Name	
Where did he/she attend RE classes 2016-2017?	
Allergies, medical or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
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FHC Confession	Need	Received
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FHC	Need	Received
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Confirmation	Need	Received
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TO: Prince of Peace Religious Education Parents--Grades 1-8
FROM: Prince of Peace Office of Religious Education
SUBJECT: Opt In/Out of the Touching Safety program

The VIRTUS Teaching Touching Safety Program for Children program is a program geared towards children in an attempt to protect them from sexual abuse. As a parent, you have the right to choose whether your student participates. We encourage you to go to www.virtus.org so you'll be aware of the nature of the Touching Safety program. If you have questions about the program or would like to preview the lesson, contact Maria Barontini in the Parish Office at 864-331-3919. Please return this form with your registration forms.

For more information on the Touching Safety program, visit the VIRTUS Online™ website at www.nationalcatholic.org/touchingsafety.charleston.cfm

Prince of Peace Office of Religious Education will present the Touching Safety program on:
24 September 2017 in the individual classrooms (all students opting out will be removed from the classrooms)
1 October 2017 will be the make-up date with Maria Barontini

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

The staff/volunteers of Prince of Peace Religious Education (PLEASE CIRCLE ONE OPTION):

Do not have my permission to present the Touching Safety program to my child

Do have my permission to present the Touching Safety program to my child Child(ren)'s

ALL Child(ren)'s Names and Grades: _____

Parent's name (printed): _____

Parent's Signature: _____ DATE: _____

PLEASE NOTE:

IF THIS FORM IS NOT RECEIVED BY 17 September 2017, IT WILL BE ASSUMED THAT THE FAMILY WANTS THE CHILD TO ATTEND THE VIRTUS CLASS.