

_____ CHURCH
RELIGIOUS EDUCATION OFFICE
address and phone

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

TO:	Parents
FROM:	[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 _____, 20____, _____ will present to our Religious Education
(Date) (Name of Parish)

students materials on _____ Christian chastity _____ safe environment, from the “Diocese of
(check if applicable) (check if applicable)

Rockford Formation in Christian Chastity and Safe Environment Program.” This program has been approved by Bishop David 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 attached materials so you will be aware of the nature of the instruction. If you have questions, please contact _____ at _____.
(Contact Name) (phone number)

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 your child’s/children’s religious education teacher no later than _____.
(Date)

For more information on the “Diocese of Rockford Formation in Christian Chastity and Safe Environment Program”, you may visit the Diocese’s Education Office website at www.ceorockford.org under the Child Safety Page.

“Opt-Out” Form – Due date _____

Check the sentence that applies.

_____ I do not want my child(ren) to receive instruction in _____ Formation in Christian Chastity _____ Safe Environment (check one or both as applicable). I have been offered materials for use with my child(ren) at home and I intend to provide the training to my child.

_____ I do not want my child(ren) to receive instruction in _____ Formation in Christian Chastity _____ Safe Environment (check one or both as 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): _____