

**Office for Child Protection Catholic Social Services Abuse Prevention Program
"Opt-In" Form**

Date: _____

My Child's Full Name: _____

School/Parish: _____

City: _____

Grade/Class: _____

Please verify by ***initialing all*** of the following statements:

_____ The Safe Environment Program was offered to my child.

_____ It is my choice that my child MAY participate in the program.

Name of Parent or Guardian: _____

Signature: _____ Date: _____