

MEMORANDUM

TO: Parents of Religious Education Students
FROM: Rev. Paul C. Fontanella, Pastor
RE: Touching Safety Program
DATE: May 30, 2010

According to the *Charter for the Protection of Children and Young People*, the Diocese of Scranton is obliged to offer all children in the diocese a safe environment program. So as to comply with the *Charter* requirement, our parishes will present *Teaching Touching Safety*, during the weeks of October 10, 2010 and March 13, 2011.

National Catholic Services developed this program for children. This is the same organization responsible for *VIRTUS Protecting God’s Children*, the safe environment program for adults, which is offered to all employees and volunteers in parishes and schools.

The scheduled lessons are being offered to all students in grades K thru 10. As a parent, you have the right to choose whether your child participates. We encourage you to read the attached booklet so you’ll be aware of the nature of the *Touching Safety Program*. If you have any questions or would like to review the lessons, please contact the parish office at 322-5935. **Whether or not you wish your child to participate in the program**, please fill out the form below and return it to your child’s teacher one week prior to the start of the program. **If we do not receive a response we will assume you want your child to participate in the lesson. If you decide to opt out of the lesson, we ask that you keep your child home from Religion class on the scheduled day and we will provide you with the appropriate lesson for you to teach your child at home.**

For more information on the *Touching Safety Program* visit VIRTUS Online at their www.virtus.org website.

Detach and return the form below:

PARTICIPATION FORM

I acknowledge that the Diocese of Scranton has offered training for children in a safe environment program entitled, *Teaching Touching Safety*.

_____ **Yes, I wish for my child TO participate in the *Teaching Touching Safety Program*.**

_____ **No, I do NOT grant permission for my child to attend this training session.**

Child/Children’s Name(s) _____

Parent(s) Name _____

Please Print

Parent(s) Signature _____

Date _____

RETURN TO: Child/Children’s religious education instructor no later than one week prior to the start of the program.