SAINT THOMAS THE APOSTLE SCHOOL

The Catholic School of Bloomfield

March 1, 2024

SUBJECT: *Teaching Touching Safety* **Program**

Dear Parents/Guardians:

St. Thomas the Apostle School will present a sexual abuse prevention program, the *Touching Safety* program, to our students to be completed by March. The creators of *Protecting God's Children*TM program developed the *Touching Safety* program. This program is provided to us by the Archdiocese of Newark and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

Although we view this effort as part of the cooperative arrangement that you, as parents and guardians, and we, as teachers in this school, have undertaken to educate your child, we realize that some parents or guardians would prefer to teach sexual abuse awareness to their children themselves. Consequently, you may request that your child "opt-out" of the program. You also have the option to conduct this training yourself using the materials we will use. The school will provide you, should you wish, with the lesson plans, overview and parent booklet so that you can effectively present the material. If you have questions about the program or the lesson, please contact the school office at 973-338-8505.

For more information on the *Touching Safety* program, visit the VIRTUS *Online*TM website at www.virtus.org.

Sincerely,

Ellen Naughton

Principal

<center>***Touching Safety* Program Form**</center>

<center>**Please check only one statement, print your name, sign, date, and return this form to the School Office by Friday, March 15, 2024**</center>

<center>(This form will be placed in your child's file per our documentation requirements.)</center>

☐ I understand my child **will participate in the *Touching Safety* lessons**.

☐ I am specifically requesting that my child *not* **participate in the *Touching Safety*** program.

☐ I am specifically requesting that I be furnished all appropriate materials so that I may present the Touching Safety program to my child.

Child's Name:

Parent's Name (Printed): _____

Parent's Signature: _____ Date: _____