

**VIRTUS “Teaching Touching Safety”  
Youth/Children’s Program  
Archdiocese of Los Angeles  
“Opt-Out” Form  
2018-2019**

**Sign this form if you do NOT wish your child to participate in this Teaching Touching Child Safety Program in their Religious Education class.**

Date: \_\_\_\_\_

My Youth/Child’s Full Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

Faith Formation Program: Our Lady of Mount Carmel Parish  
City: Santa Barbara

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

\_\_\_\_\_ The Safe Environment Program, VIRTUS, Protecting God’s Children,  
**was offered** to my child.

\_\_\_\_\_ **It is my choice** that my child **not** participate in the program.

Name of Parent/Guardian \_\_\_\_\_  
*(Please print clearly)*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
**(Please use one form for each child in your family)**

*Please return signed form to:*  
**Our Lady of Mount Camel Parish  
1300 East Valley Rd.  
Santa Barbara, CA 93108**