



Archdiocese of Hartford  
Office of Safe Environment  
467 Bloomfield Ave  
Bloomfield, CT 06002

Child Lures® Prevention Program  
Think First & Stay Safe

"Opt-Out" Form

School Year Program Offered: \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_  
Child's Grade in the school year listed above: \_\_\_\_\_  
School/Parish Religious Education Program: \_\_\_\_\_  
City of School/Parish: \_\_\_\_\_

Please verify by initialing the following statements:

- \_\_\_\_\_ The Child Lures® Prevention Program was offered to my child.  
\_\_\_\_\_ I do not want my child to participate in this Prevention Program.  
\_\_\_\_\_ Materials regarding the topics to be discussed at this Prevention Program were made available to me from the parish or school.

Name of Parent or Guardian: \_\_\_\_\_  
(Please print clearly)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

Name \_\_\_\_\_ Title \_\_\_\_\_

Parish/School Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***This form should remain on file at the child's school or parish***

\_\_\_\_ Parent/Guardian omitted signing this form.  
Signature of Pastor, Principal, or DRE/CRE \_\_\_\_\_