



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

VIRTUS®
Empowering God's Children®
Safe Environment Program

"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 Empowering God's Children® Safety Lessons were offered to my child.
- _____ I do not want my child to participate in the Lessons.
- _____ Materials regarding the topics to be discussed at the Safety Lessons 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 _____