**TO: Parents and Guardians**

**FROM: Safe Environment Coordinator at the Churches of St. Anne in Wabasso, MN and St. Catherine in Redwood Falls, MN. 507-430-9955**

**SUBJECT: Opt-Out form with attached Overview and**

**Teaching Touching Safety Quick Reference Guide**

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**DATES: October 8, 2025 All FF Classes – VIRTUS SESSIONS at St. Anne**

**October 22, 2025 All FF Classes – VIRTUS SESSIONS at St. Catherine**

The AFC Churches of **St. Anne in Wabasso, MN and St. Catherine in Redwood Falls, MN** will present a sexual abuse prevention program, the *Touching Safety* program, to students this Fall. The creators of the *Protecting God’s Children* program developed the *Touching Safety* program. This program is provided by the Diocese 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. It is not sex education.

The scheduled lessons are being offered to all students in our parish/school. I encourage you to read the attached “Overview” and “Teaching Touching Safety Quick Reference Guide” so you’ll be aware of the nature of the *Touching Safety* program. If you have questions about the program or the lesson, please contact me directly. If you determine that you do not want your child to participate, **please complete the “Opt-Out” information at the bottom of this page, and return the entire page to your child’s teacher/catechist before the training.**

For more information on the *Touching Safety* program, visit the VIRTUS *Online*™ website at [www.virtus.org](http://www.virtus.org).

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**The Diocese of New Ulm does not have my permission**

to present the *Touching Safety* program to my child or children

whose is named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Grade \_\_\_\_\_\_\_\_

whose is named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Grade \_\_\_\_\_\_\_\_

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attending **St. Anne in Wabasso, MN or St. Catherine in Redwood Falls, MN** Faith Formation.

I acknowledge that I have been provided with the *Overview* and *Teaching Touching Safety Quick Reference Guide*, and I take responsibility to instruct my child on the concepts contained in these documents. I will use the age appropriate *Lessons 1 and 2* to train my child on personal safety/safe environment provided to me by the parish upon receipt of this signed opt out form.

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Parent/Guardian Name (printed)

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Parent/Guardian Signature Date