

1802 Bethel Road
Weatherford, TX 76086

**

July 19, 2025

Parent(s)/Guardian,

Please inform us of your intention regarding the child and youth protection program for your children:

\_\_\_\_\_ Yes, my children will participate in the grade appropriate "Empowering God's Children" program offered in class.

OR

\_\_\_\_\_ I will teach my children the concepts of child/youth self-protection with the Teaching Boundaries and Safety Guide provided by *Parish/School Name*, and I will return this document to *contact information* no later than *Date*.

Please provide the date that you will teach your children. My children were/will be trained:\_\_\_\_\_\_\_\_\_\_\_\_

If I have questions or concerns, I will contact:

***Maria G. Ramos Safe Environment Coordinator***

***at (682)582-8203\_\_or*** ***maria@saintstephencc.org***

Student(s) Name(s):

 (Please Print)

 (Please Print)

 (Please Print)

 (Please Print)

 (Please Print)

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_