

Keeping Children Safe: A Personal Safety Curriculum

OPT OUT FORM

I, _____ do not wish for my child,

_____, to participate in the Keeping Children Safe program
for Grade _____.

I understand that I do not need to bring my child to class on the date of the KCS
Class.

(Parent/Guardian Printed Name)

(Parent/Guardian Signature)

(Date)

THIS FORM MUST BE MAILED TO:

**Blessed Sacrament Parish
14 Summer Street
Saugus, MA 01906
ATTN: Katy Vail**

**Opt out forms are mandated by the Archdiocese so that we can keep track of
how many children are not participating in the program.**

Thank you for your cooperation!!