

# Talking About Touching: A Child Safety Curriculum

## OPT OUT FORM

I, \_\_\_\_\_ do not wish for my child,

\_\_\_\_\_, to participate in Talking About Touching Program for Grade \_\_\_\_\_.

I understand that I do not need to bring my child to class on the date of the TAT 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!!**