

TO: Parents and Guardians  
FROM: Joan LaBone, Youth Director  
SUBJECT: *Touching Safety* program  
DATE: October 10, 2017

St. Mary Help of Christians Youth Ministry will present a sexual abuse prevention program, Teaching Touching Safety, to our students at the beginning of their regular Sunday sessions on **October 15, 2017**. This program is provided to us by the Diocese of Charleston and is a part of our ongoing effort to help create and maintain a safe environment for all children and youth in our care.

This session will be taught 9:45-10:45 am in St. Angela Hall.

The scheduled lesson is being offered to all students at St. Mary Help of Christians. As parents, you have the right to choose whether your student participates in the program. We encourage you to read the “lesson plan” assigned to your child’s age group to understand exactly what your child will be taught. If your child attends St. Mary’s School and Youth Ministry, they will have this session in school and do not need to attend on Sunday.

**It is important to note, this is basic prevention education and is no way to be considered sex education or education on private body parts.** Neither of these components fall within our educational mandate to provide your child with information needed to keep them safe from those who would do them harm.

The lesson is online on our website, [www.stmarys-aiken.org](http://www.stmarys-aiken.org). If you have questions about the program or the lesson, please contact Joan LaBone at 649-3049.

St. Mary’s must provide an indication of your intention to “OPT OUT” your child. If you determine that you DO NOT want your child to participate, please complete the “opt out” form at the bottom of this page. **RETURN** the completed form to the Church office or to Mrs. LaBone on or before October 15, 2017.

Opt Out Form  
*Touching Safety* program

St. Mary Help of Christians Parish does not have my permission to present the Teaching Touching Safety program to my child/children:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Parent’s Name (printed) \_\_\_\_\_

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

\_\_\_\_\_  
date