

St. Mary / St. Patrick Religious Education  
606 W. Main Street, Durand, IL 61024  
(815) 248-2490

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**Formation in Christian Chastity and Safe Environment Program  
“Opt-Out” Form**

TO:	Parents
FROM:	Very Rev. Matthew M. Bergschneider
DATE:	September 2017
RE:	Opportunity to opt your child out of instruction in the <u>Diocese of Rockford Formation in Christian Chastity and Safe Environment Program</u>

On March 4, 2018, St. Mary/ St. Patrick Church will present to our Sixth Grade Religious

Education students materials on  Christian chastity  safe environment, from  
(check if applicable) (check if applicable)

the Diocese of Rockford Formation in Christian Chastity and Safe Environment Program. This program has been approved by Bishop David J. Malloy. We offer the program as part of our ongoing commitment to create and maintain a safe environment for our children and to protect them from sexual abuse, and to instruct them in the integrity of their persons and bodies.

You have the right to choose whether your child participates in this instruction. We encourage you to read the attached materials so you will be aware of the nature of the instruction. If you have questions, please contact Terry Cravens at (815) 248-2490.

If you determine that you **do not** want your child/children to participate, please complete the opt-out form at the bottom of this page and return it to your child’s/children’s religious education teacher no later than **February 11, 2018**.

For more information on the Diocese of Rockford Formation in Christian Chastity and Safe Environment Program, you may visit the Diocese’s Education Office website at [www.ceorockford.org](http://www.ceorockford.org) under the Child Safety Page.

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**“Opt-Out” Form**

Check the sentence that applies.

I do not want my child(ren) to receive instruction in  Formation in Christian Chastity  Safe Environment (check one or both as applicable). I have been offered materials for use with my child(ren) at home and I intend to provide the training to my child.

I do not want my child(ren) to receive instruction in  Formation in Christian Chastity  Safe Environment (check one or both as applicable). I have been offered materials for use with my child(ren) at home and I do not plan to provide the training of my child.

Parents Name (please print): \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child(ren)’s Name(s): \_\_\_\_\_