

**VIRTUS “Teaching Touching Safety”
Youth/Children’s Program
Archdiocese of Los Angeles
“Opt-Out” Form
2025-2026**

Sign this form if you do NOT wish your child to participate in this Teaching Touching Child Safety Program in their Religious Education class.

Date: _____

My Youth/Child’s Full Name:

Grade/Class: _____

Faith Formation Program: Our Lady of Mount Carmel Parish

City: Santa Barbara

Please verify by initialing the following statements:

_____ The Safe Environment Program, VIRTUS, Protecting God’s Children,
was offered to my child.

_____ **It is my choice** that my child **not** participate in the program.

Name of Parent/Guardian _____
(Please print clearly)

Signature _____ Date _____
(Please use one form for each child in your family)

Please return signed form to:
**Our Lady of Mount Camel Parish
1300 East Valley Rd.
Santa Barbara, CA 93108**