



Archdiocese of Hartford
 Office of Safe Environment
 467 Bloomfield Ave
 Bloomfield, CT 06002

Child Lures® Prevention Program
Teen Lures® Prevention Program
Think First & Stay Safe

“Opt-Out” Form

School Year Program Offered: _____
 Child’s Full Name: _____
 Child’s Grade in the school year listed above: _____
 School/Parish Religious Education Program: _____
 City of School/Parish: _____

Please verify by initialing the following statements:

- _____ The Child or Teen Lures® Prevention Program was offered to my child.
- _____ I do not want my child to participate in this Prevention Program.
- _____ Materials regarding the topics to be discussed at this Prevention Program were made available to me from the parish or school.

Name of Parent or Guardian: _____
 (Please print clearly)

Signature of Parent or Guardian: _____ Date: _____

Please return this form to:

Name _____ Title _____

Parish/School Name and Address: _____

This form should remain on file at the child’s school or parish

____ Parent/Guardian omitted signing this form.
 Signature of Pastor, Principal, or DRE/CRE _____