

## CIRCLE OF GRACE PARENT CONSENT FORM

I understand that our parish or school is scheduled to present lessons from the Circle of Grace program to children in an effort to help create and maintain safe environments for children. I understand that this faith-based curriculum teaches that each person is sacred and encourages children to have greater respect for themselves and others. I am also aware that the lessons include personal safety information specifically regarding child abuse, child sexual abuse and Internet safety, and that children will receive instructions about what to do if they are harmed, or perceive potential harm, in any way by another person. Further, I have been offered the opportunity to review the materials to be presented and discuss the lessons with our parish or school.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parish or School: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I Consent

\_\_\_\_\_ Please provide materials so that I might teach the information to my child at home.

\_\_\_\_\_ I do not wish to receive any materials.