

UKRAINIAN CATHOLIC ARCHEPRACHY OF PHILADELPHIA
Office of Victims Assistance and Youth Protection

WAIVER (2014)

Dear Parent,

The Archeparchy of Philadelphia is committed to becoming a community that cares for the safety of our children and enables their growth into responsible adults and mature persons of faith. Therefore, our Abuse prevention and awareness program, *A Safe Place for Our Children*, will be presented on

(date) _____ at (parish/school) _____.

Age-appropriate presentations are based on the concept that God has made each person special and no one has the right to do anything that will hurt another. Children will learn that if any situation should occur in which they feel uncomfortable, they can say no and then they should tell their parent or other responsible adult about the situation. It is our firm belief that education is the best way to prevent abuse and protect our children and ourselves from harm.

If you have any questions or concerns, you may speak your pastor, principal or catechist, or you may call me at the Chancery office.

If you do not wish your child to participate in this program, please sign and return this letter to your child's teacher by _____.

Our children are our greatest gift. May we all work together to create a world that will enable them to grow into the persons that God created them to be.

Sincerely,

Fr. Andriy Rabyi

Coordinator for Victims Assistance and Youth Protection Office

Archeparchy of Philadelphia (Phone 215.627.0143)

By signing this form I have acknowledged the above and elected **NOT** to have my child participate in this program. I also acknowledge that I was offered the opportunity to discuss my concerns with the Pastor, Principal or Parish Catechetical Leader and that I have been offered the opportunity to prepare myself to instruct my child regarding these safety issues in my own home.

Child's Name

Grade

Parent/ Guardian Signature

Date

Parish Catechist / Principal Signature

Date

REASONS for OPT-OUT:

___ attended in public school

___ other (*specify*) _____

___ personal preference

***Parent Concerns and Issues may be listed on reverse side.*