



Empowering God's Children Youth Safe Environment Program
Opt In/Out Information Sheet

TO OPT-IN/OUT YOUR CHILD FROM THE SAFETY LESSON, RETURN THIS PORTION TO:

Nate Gulya BY 2/1/26

Important: Please submit a form for each child you are opting in or out

Opt Out

I, *(printed name of parent or guardian)* _____, have reviewed the safety lesson and will **NOT** complete the lesson with my child, (print full name of child) _____ in grade _____.

Opt In

I, *(printed name of parent or guardian)* _____, have **COMPLETED** the safety lesson with my child (print full name of child) _____ in grade _____.

Parent Signature _____ Date _____