



## **Follow 4 Be Safe™**

Dear Parents & Caregivers,

Your child's classroom will be participating in a very important program called **Follow 4 Be Safe™** that teaches about personal safety. Because it is **OUR** responsibility as adults to keep children safe from child abuse, our school believes that this program is necessary. **Follow 4 Be Safe™** is led by trained facilitators who will teach our child how to communicate about this very serious issue. The program will take place in your child's classroom.

Your child will bring information on the **Follow 4 Be Safe™** program home so that you can learn together. Information is also available at the school and in your child's classroom if you want to learn more.

**Follow 4 Be Safe™** is based on the following 4 safety rules:

1. It's MY body!
2. I have choices.
3. Tell someone.
4. It's NEVER my fault.

The program is voluntary, which means that you do not have to allow your child to participate, or you may take your child out of the program at any time. Please sign and return the bottom of this letter only if you **DO NOT** want your child to participate in **Follow 4 Be Safe™**. If we do not receive the form, then we will assume that your child has permission to be a part of it. If you have questions about the program or this form, please contact your child's teacher. Visit [www.littleangelprints.com](http://www.littleangelprints.com) or to report child abuse call [1-800-482-5694](tel:1-800-482-5694). **Thank you for helping to build a strong safety net for our children!**

Sincerely,



Cut here and return slip to school if you do not want your child to participate.

\_\_\_\_No, I do not want my child to participate in the **Follow 4 Be Safe™** program.

Child's Name \_\_\_\_\_

Child's Teacher \_\_\_\_\_

Parent Name (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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