

Our Lady of Lourdes Roman Catholic Parish

Prince of Peace Church

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Our Lady of Lourdes Called to Protect Youth Program Permission Slip to Approve or Deny Participation

Parish: Our Lady of Lourdes Parish, Sun City West, AZ

Youth's Name: _____ Grade: _____

Parent Preview of Program Materials:

I, (Parent Name) _____, have:

_____ Read the letter of the *Called to Protect for Youth* program

_____ read the description of the *Called to Protect for Youth* program.

Parents, please choose one of the following options:

1. Approval of Youth Attending Training:

By signing below, I am giving permission for my child to attend the *Called to Protect for Youth* education program.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

2. Denial of Youth Attending Training:

By signing below, I am indicating that I do not give my child permission to attend the *Called to Protect for Youth* education program.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date