



Safety Connection: Parent Welcome & Opt-Out Form

Dear Parent or Guardian,

This year your child's school will be using the MBF Child Safety Matters® program (the Program) from the Monique Burr Foundation for Children. The goal of the Program is to help keep your child safe.

The Program empowers children to spot and respond to bullying, cyberbullying, child abuse, and digital dangers. Most importantly, it teaches that adults are responsible for children's safety. The Program is based on the latest research. It has been reviewed and endorsed by national experts.

Why does your child need a safety program?

- » 10% of children are abused before their 18th birthday
- » 14% of children have been solicited online
- » 28% of students have been bullied
- » 90% of children between 8 and 16 years have viewed explicit material online

The Program teaches about these dangers by:

- » using child-friendly language.
- » playing fun games and activities.
- » providing take-home items to remind children of the lessons.

Although the Program is designed to help your child, we all benefit when children are safe. Children perform better in school and enjoy healthier, happier, and safer lives.

You can learn more about the Program at www.mbfpreventioneducation.org. You can also download the "Child Safety Matters" app at no cost from the App Store or Google Play.

IF YOU "DO NOT" WANT YOUR CHILD TO PARTICIPATE IN THE PROGRAM, COMPLETE THE FORM BELOW AND CUT & RETURN THE FORM TO YOUR CHILD'S SCHOOL.

The Program provides students with important information about dangers they may face. If you do not want your child to participate, then please educate them using another program. Please contact your child's school with any concerns before opting them out of the program.



I understand returning this form means **I DO NOT WANT MY CHILD TO PARTICIPATE** in the MBF Child Safety Matters® lessons. I UNDERSTAND THEY WILL NOT RECEIVE THE IMPORTANT SAFETY INFORMATION contained in the program.

Student's Name _____ Grade _____

Reason for declining program _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Email _____

Parent/Guardian Phone Number _____