Children’s Advocacy Center of East Central Mo

will be presenting the Kid’s Rights program to the students during the week of 9/16.

In this program, students will learn response skills that are age appropriate, in an effort to help prevent them from ever becoming a victim of abuse.

The classroom video is designed as an introduction to the topic and includes information about a safe home, how to identify an inappropriate touch to their body, who to talk to if something happens to them or someone they care about, and the dangers of sharing personal information online through social media and cell phones.

I believe the video does an excellent job of introducing and explaining these ideas so parents can build on further discussion around this important issue. I would be honored to partner with you to educate them on this topic. I invite parents of Kindergarten through 3rd grade students to watch an overview of the video before your child sees it by going online to:

https://www.youtube.com/watch?v=a-5mdt9Y6lI&feature=em-share_video_user  we only watch the first 2 minutes and 10 seconds.

Parents of 4th-6th grade students please contact Autumn Rearden at: arearden@comtreao.org to receive additional information about the program.

If you have any questions or concerns about the program please contact:

**Autumn Rearden**
Prevention Specialist
Children’s Advocacy Center
608-518-1391

If you DO NOT want your child to participate please sign the attached form and return by 9/13/19.

Dear Parents,

The Children’s Advocacy Center of East Central MO will be presenting the Kids’ Rights program to the students the week of 9/16. In this program, students will learn response skills that are age appropriate, in an effort to help prevent them from ever becoming a victim of sexual abuse. Please return the permission slip below if you DO NOT want your child to participate. If you have any questions or concerns you may contact:

**Autumn Rearden**
Prevention Specialist
Children’s Advocacy Center
608-518-1391

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**KIDS’ RIGHTS CHILD ABUSE PREVENTION PROGRAM PERMISSION**

My child, ____________________________________________, DOES NOT have my permission to be in the classroom and attend the KIDS’ RIGHTS PREVENTION PROGRAM.

Parent Signature ___________________________ Date ___________ Contact Number ___________________________