Child and Youth Safe Environment Program

Diocese of Saginaw

Return form from Faith Formation/Youth Ministers/Schools

Name: _____

Title:

Check the program(s) that were used:

Child Lures Prevention Program and/or

Grand Island Know the Rules for Adult Child Interactions

Grades covered include: _____

On dates:

Total number of students:

Number of parents attending a meeting about child/youth safe environment program: _____

Number of children whose parents opted-out [must have completed forms]:

Or

In our parish, the students received the *Michigan Model for Health* through the public schools. This was verified by (name of public school personnel contacted):

____ Date _____

Please return this form to Compliance office at hr.compliance@dioceseofsaginaw.org by

4th Monday of April each year.

Signed_____ Date: _____