PARISH REPORT FORM

VIRTUS™ Protecting God’s Children®
Teaching Safety — Empowering God’s Children™ Program

Parish: __________________________________________ City: ____________________________

Setting: □ Catholic School □ Religious Education Program Academic Year: ________________

The following grades received instruction during the course of the academic year (check all that apply):

□ K □ 1 □ 2 □ 3 □ 4 □ 5 □ 6
□ 7 □ 8 □ 9 □ 10 □ 11 □ 12

TOTAL number of students receiving instruction ________________________________

TOTAL number of students not participating in instruction (e.g., absent) __________

TOTAL number of students who opted out ________________________________

Were parents who chose to opt out given the program brochure under the “Educator’s Tab”? □ Yes □ No

Name(s) of Teaching Safety instructors: ____________________________________________

________________________________________________________________________________

_________________________________________  ______________________________  ____________________________
Signature  Position (principal/administrator, DRE, etc.)  Date

Signature of pastor/administrator/PLC

Please send completed form to: Office of Child and Youth Protection
2207 West Main Street
Jefferson City, Missouri 65109-0914
vmcelwaine@diojeffcity.org

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