

DIOCESE OF WINONA-ROCHESTER

CIRCLE OF GRACE PROGRAM FOR CHILDREN & YOUTH

As part of the Diocese of Winona's on-going commitment to implement the United States Bishops' *Charter for the Protection of Children and Young People*, I hereby formally promulgate the **Circle of Grace Program** as our Safe Environment Program to educate children in our schools and Faith Formation Programs.

Most Rev. Robert Barron
Bishop of the Diocese of Winona-Rochester



Circle of Grace is a safe environment program developed by the Archdiocese of Omaha in response to Article 12 of the *Charter for the Protection of Children and Young People*. It serves the dual purpose of educating and forming youth about the value of positive relationships with God and others.

Through the *Circle of Grace* program, adults assist children and youth to recognize that each of us lives within a Circle of Grace that holds our very essence in body, mind, heart, soul, and sexuality. Through the *Circle of Grace* program, children and youth are taught to identify and maintain appropriate physical, emotional, spiritual and sexual boundaries; recognize when boundary violations are about to occur; and demonstrate how to take action when boundaries are threatened or violated.

Circle of Grace is clinically sound and grounded in the Catholic tradition. Its strong parent component means parents can actively participate in their children's education and formation.

For more information on the *Circle of Grace* program, visit the Archdiocese of Omaha website at www.archomaha.org/pastoral/se/cog_concept.html.

As a parent, you have the right to choose whether your student participates. If you determine that you DO NOT want your child to participate, please complete the "opt-out" form at the bottom of this page, and return it to your child's teacher.

Opt-out form for use with the *Circle of Grace* program:

_____ does not have my permission to present the *Circle of Grace* program to my child(ren)
Name of Parish/School

Name(s)

_____ I have received the *Circle of Grace* training materials for my child.
Initials

I understand that during the time of the lesson(s), my child(ren) will be sent to a designated area where they will be supervised until the completion of the lesson(s).

Parent's name (printed): _____

Parent's Signature: _____

Date: _____

Received by

(For Office Use only)

Date materials sent home

A COPY OF THIS COMPLETED FORM MUST BE SENT TO THE OFFICE OF SAFE ENVIRONMENT (DIOCESE OF WINONA-ROCHESTER)