



Parent Choices

My choice for helping my child learn about sexuality

_____ I would like my child(ren) to participate in the eight-session *Our Whole Lives: Sexuality Education* for: ___ Grades K-1, ___ Grades 4-6; and I will participate in the opening session. *I understand that a 2 1/2 hour parent/child orientation is a required introduction to this program.*

_____ I would like to participate in a class with other parents to learn about sexuality education and to support each other.

_____ I would like to educate my child(ren) at home using the
___ *Our Whole Lives: Sexuality Education for Grades K-1* leader's guide, the book *It's So Amazing*, and *The Parent Guide to Our Whole Lives for Grades K-1 and Grades 4-6*

___ *Our Whole Lives: Sexuality Education for Grades 4-6* leader's guide, the book *It's Perfectly Normal*, and *The Parent Guide to Our Whole Lives for Grades K-1 and Grades 4-6*

Date: _____

Parent(s) Signatures(s): _____

Address(es): _____

Phone Number(s): _____

E-mail(s): _____