



This year, your child's class will be participating in the EDGE program taught by The Care Center. The week that your child is scheduled for this class is _____. The instructors hold bachelor's degrees and have been thoroughly trained in educating young people, including a national certification as sexual risk-avoidance educators. The curriculum stresses **character development, responsible decision-making, and the natural consequences of choices**. It equips adolescents with the knowledge and support to abstain from risky behaviors including sexual activity. The EDGE realizes that sexual risk avoidance (saving sexual intimacy until marriage, i.e., abstinence) is the only behavior that is **100% effective** in preventing sexually transmitted diseases, pregnancy, and the emotional consequences of premarital intimacy. The EDGE strives to give students a **vision for their future** by instilling critical thinking skills to help students analyze their choices and understand how these choices impact their future. The **curriculum for seventh grade** includes lessons on personal standards and boundaries, internet safety, natural course of consequences associated with decision making, fetal development and goal setting. Additionally, basic information regarding sexually transmitted infections will be presented.

Please complete this form and return to your child's teacher GRANTING PERMISSION for your child to participate in the program.

For additional information regarding the program or the curriculum, please feel free to contact Tiffany Soyster, education director, at The Care Center at 775-0019. I would be happy to discuss any concerns you may have about this program or about your child's participation.

A handwritten signature in black ink that reads 'Tiffany Soyster'.

Tiffany Soyster
Education Director
The Care Center

I, _____, DO / DO NOT want my child,
_____ to participate in the EDGE program offered through The Care
Center.

Parent Signature

Date