

Handout 1

Grade K-1

PARENT MEETING

PARENT CHOICES

My choice for helping my child learn about sexuality:

_____ I would like my child(dren) to participate in the eight-session *Our Whole Lives: Sexuality Education for Grades K-1* program, 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* stories and Home Links as well as *The Parent Guide to Our Whole Lives for Grades K-1 and Grades 4-6.*

Date: _____

Parent(s) Signature(s): _____

Please print name(s): _____

Address(es): _____

Phone Number(s): _____

Email addresses: _____

Please print child(ren)'s name(s): _____