

FACES
Community Parent Network Contract

Parents who join the CPN believe in the power of modeling positive behaviors and in providing a safe environment for youth. If you agree with the criteria listed below, sign and return this contract to your school office. You will become a member of CPN, your contact information will be listed in the directory for your school district, and you will receive a directory which will contain contact information for all parent members in your district.

AS PARENTS, WE AGREE TO:

- Actively supervise all gatherings of youth in our home or on our property, or ask another responsible adult for help to do so.
- Not allow the possession or use of alcohol, tobacco, or other drugs by youth in our home or on our property.

AS MEMBERS OF THE PARENT NETWORK, WE ALSO AGREE TO:

- Set age-appropriate guidelines (as determined by our family) for our children. This includes knowing: where they are going, with whom they are going, what they will be doing, and when they are expected to return home.
- Communicate the message to our youth that we do not condone the illegal use of tobacco, alcohol, or drugs and affirm the consequences for such use.
- Promote and encourage youth to attend or participate in activities and events that are supervised and alcohol/drug free.
- Openly communicate with other parents by: 1) contacting parents to verify information and plans if we have questions or concerns, 2) welcoming phone calls from other parents, 3) collaborating on activities for teens especially for special events such as prom, homecoming, graduation etc., 4) sharing ideas and suggestions regarding appropriate and workable guidelines for teens and methods for enforcing those guidelines.

You may cancel your membership in the CPN at any time by contacting Carol Stuebs @ Kewaunee County Human Services: 920-388-3777.

I, as a responsible parent/guardian, give permission for my name, and contact information to be listed in the CPN directory for my school district. By signing below, I am agreeing to provide a safe & supervised home when hosting teen get-togethers. I also agree to welcome communication with other parents whenever their child may be in my home.

Parent Name (print) _____ (signature) _____

Parent Name (print) _____ (signature) _____

Home Address: _____

E-Mail _____

Phone _____ Cell Phone _____

<u>Student's Names (7th- 12th graders)</u>	<u>School</u>	<u>Grade</u>
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1. _____

2. _____

3. _____

4. _____