Marshfield Clinic
Center for Community Outreach

MARSHFIELD AREA COALITION FOR YOUTH
www.marshfield4youth.org

2009-2010 Marshfield Area *Parent Network* Contract

As your child expands his/her social circle and seeks more independence, it may be difficult for you to maintain communication with other parents and be comfortable in the knowledge that your child is safe. The Marshfield Area Parent Network (MAPN) in partnership with Marshfield Area Coalition for Youth and Marshfield Clinic wants to provide our youth with a safe and friendly environment that is free from the influence of alcohol, tobacco, and other illegal drugs. Parents who join MAPN believe in the power of modeling positive behaviors for young people and in providing a safe environment whenever they are present. You can visit our Web site: www.marshfield4youth.org/for more information.

If you agree with the criteria listed below, sign and return this contract to your School Guidance Office. You will become a member of MAPN, your contact information will be listed in the directory, and you will receive a directory of other parents (arranged by each child's name) who have done the same.

AS PARENTS, WE AGREE TO:

1. Actively supervise all gatherings of youth in our home or on our property, and/or ask another responsible adult for help to do so.
2. Not allow the possession or use of alcohol, tobacco, or other drugs (including unauthorized use of over-the-counter & prescription drugs) by youth in our home or on our property.
3. Make certain that all weapons are securely stored and out of sight.
4. Monitor television/cable and movie viewing as well as Internet use.

AS MEMBERS OF THE PARENT NETWORK, WE ARE EXPECTED TO:

1. Set age-appropriate family guidelines for your children; and **KNOW**:
   - **Where** they are going;
   - **Whom** they are with;
   - **What** they will be doing;
   - **When** they are expected to return home, and what the consequences will be if the rules are broken.
2. Talk to other parents – especially the parents of your children's friends:
   - Agree upon expectations and consistent rules for your children and consequences for your children.
   - Initiate and welcome phone calls to make sure that all plans are mutually understood and agreeable.
   - Report any negative behaviors to the appropriate parent.
   - Use MAPN to verify any information which raises a concern – including checking on parties.

----------(cut here and return to guidance office)----------(cut here and return to guidance office)----------

I, as a responsible parent, give permission for my name, address, phone number(s), and e-mail address to be listed in the MAPN directory of those who support this agreement. By signing below, I am agreeing to provide a safe home and to welcome communication with other parents whenever their child may be in my home.

PARENT NAME *(print)*_____ *(signature)*_____

PARENT NAME *(print)*_____ *(signature)*_____

ADDRESS *(home)*_____

E-MAIL_____

PHONE *(home)*_____ *(work)*_____ *(cell)* _____

CHILD'S NAME	**SCHOOL**	**GRADE**
1.		
2.		
3.		
4.		

☐ I am a previous member and renewing my Parent Network Contract.

Expires 8-31-10: Parent Network Members must renew their commitment each year by signing an updated contract.