

# 2015-16 PARENTS CONNECTING NETWORK

## COMMITMENT FORM



**New Families** - please complete and return this form.

**Families who signed up before** - if you were in the last directory, you'll be in this one. You don't need to complete this form unless there are changes in your information.

***I/We agree to not allow alcohol to be used by anyone under age 21 in our home or on our property, and would like to have our names placed in the Parents Connecting Network Directory.***

Parent/Guardian Signature(s):

\_\_\_\_\_

### Information to be included in the network directory:

*Please print clearly.*

	Name	Phone Number <i>Best phone number for other parents to reach you</i>
Parent/Guardian 1		
Parent/Guardian 2		

Your Child's Name (first and last) <i>All Children in the family can be listed</i>	Year of Graduation	Name of School

### Send my Directory to:

E-mail Address \_\_\_\_\_

I have no email address and request to have a copy of the directory mailed to my home:

*We will send the directory to the email address you list unless you check this box.*

Home Address \_\_\_\_\_

### Please note:

- ◆ Directory information will only be shared with participants and will include families across Eau Claire County.
- ◆ Updates of the directory will take place each Fall.
- ◆ Membership in the Parents Connecting Network is continuous throughout the child's school career. You may opt out of the network at any time via email or phone.



Fold, tape, stamp, and return by mail,  
or fax to (715)-839-1674  
or complete online at [www.getinvolvedASAP.org](http://www.getinvolvedASAP.org)

If you have questions, contact  
Alliance Coalition Facilitator  
Phone (715) 839-4718  
[asapeauclaire@gmail.com](mailto:asapeauclaire@gmail.com)

***Due Date:***  
***October***  
***1st***