



SafeHomes

A Network of Parents

PARENTS PLEDGE FORM 2020-21

Parent Name(s)-Please Print _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____

School District _____

EMAIL ADDRESS _____

Children's Name

1. _____	Grade _____
2. _____	Grade _____
3. _____	Grade _____
4. _____	Grade _____

PLEASE SIGN _____

SafeHomes pledge participants will receive a quarterly newsletter via email from the ASAP Coalition with the option to unsubscribe at any time.

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL

1. I will actively chaperone all underage parties/activities in my home.
2. I will not allow parties or gatherings in my home when I am not there.
3. I will not allow the possession or use of alcohol, tobacco, marijuana, or other drugs by underage youth (under 21) in our home or on our property.
4. I will monitor the alcohol in my home to prevent easy access to underage youth.
5. I expect my kids to not drink until legal drinking age and will talk to my kids about my expectations regularly.
6. I welcome telephone calls from other parents who have youth who have been invited to my home.

I **DO NOT** WISH MY NAME TO BE INCLUDED IN THE **SAFEHOMES** PARENT DIRECTORY ON THE ASAP AND GAP WEBSITES