

# PARENTS WHO CARE DIRECTORY

*Endorsed By:*

West Irondequoit Central PTSA  
West Irondequoit Teachers Association

Irondequoit High School  
Dake Jr. High School

Christ the King School  
Bishop Kearney High School

Dear Parents,

Parents Who Care is a group of people who are concerned about the use of drugs by adolescents in our community. For the last several years a directory has been compiled containing names, addresses, and phone numbers of parents and others in the community, who agree to follow the guidelines, outlined below, if they host teenage parties in their homes. This can be a useful tool for parents in making decisions with their teens, as well as confirming to their children that there are other homes in the community that share their standards.

An updated directory is being planned again this year. If you wish to be included in the 2008-2009 directory, please complete this agreement and **mail it to: Pam Ford, 372 Pinegrove Avenue, Rochester, NY 14617 by July 1, 2008.**

Directories will be distributed in the fall at IHS and Dake Open House to all those who are in the book. Please pick them up at this time. If you have any questions, please call 266-3523.

*\*\*\* If you have signed this agreement before, please give only the details for your child who will be entering the 7th grade in the fall. Students previously entered will automatically be included in next year's edition.*

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## “PARENTS WHO CARE” AGREEMENT

***IT IS ILLEGAL TO SERVE ALCOHOL TO ANYONE UNDER AGE 21.***

***IT IS ILLEGAL TO USE OR PROVIDE CONTROLLED SUBSTANCES FOR ANYONE.***

I support these laws because I value the welfare and future of my child/children and others:

1. In my home I will not serve, or knowingly allow the use of, alcohol by guests under age 21, nor will I allow the use of illegal drugs by anyone.
2. I will provide visible adult supervision at teenage parties in my home.
3. I give permission for my name, address, phone number, and the names of my children, to be included in the PARENTS WHO CARE directory.

I understand that this commitment is made for the duration of my child's/children's activity in the West Irondequoit system. Please inform Pam Ford of any change in your address or phone number during this period.

### INCLUDE ONLY STUDENTS IN GRADES 7 - 12

STUDENT'S NAME

SCHOOL

GRADUATION YEAR

*(from high school)*

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STUDENT'S ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS *(If different than student's)* \_\_\_\_\_ for mother / father

EMAIL ADDRESS: \_\_\_\_\_

*for contact purposes only—will not be printed in directory*

SIGNATURE \_\_\_\_\_