

## 2024 - 2025 PARENT CONTRACT

Child's Name:	Date:
understand that as a Peopleplace out in this document and that I st	andbook (posted on our website <a href="www.peopleplacecoop.org">www.peopleplacecoop.org</a> ). Parent, it is expected that I am informed of any policies laid ay informed by paying attention to any subsequent nini. If I have questions about anything, I will ask either the , or the Director.
Cooperative and that my participation	join Peopleplace with the understanding that it is a ation is an <b>expectation</b> and inherently part of our philosophyts, meetings, and be involved in ways that both Peopleplace
	place is a community of learners and offers support for , yet sometimes challenging, role as parent. I will take s available to me if I need them.
A. Drive safely and slowly w/o B. Inform the office of any sci C. Bring snack when signed of the control of the	propriate outdoor gear and a change of clothes. eachers and administrators by asking questions and problem
lot on you! We want you to take advanta	as a parent at Peopleplace, your experience here depends a age of what we offer. Don't be shy or hesitant to get involved. reach out to someone. These early years of your child's life ake the most of it! Thank you for joining our special program. his journey - together.
Parent Name:	Parent Signature:
Parent Name:	Parent Signature:
Director's Signature:	