

Umatilla-Morrow County Head Start PARENT ACTIVITY PLAN

Center _____

Contact Person _____ Phone # _____

Date & Time of Event _____

Location of Event _____

Parent Activity Planned _____

Specific Purpose money from Parent Activity will be used for _____

Donations? Yes ___ No ___ (If aYes@ elaborate) _____

Advertising Planned _____

(Attach sample, if possible; all advertising must have Director=s Approval)

SIGNATURE _____ DATE _____
(Team Leader, Teacher, or Child & Family Advocate)

SIGNATURE _____ DATE _____
(Center Committee Chairperson or Policy Council Representative)

***Please give a copy of your center=s plan to the
Policy Council Chair, after approval.***

FOR OFFICE USE ONLY	
PC Approval _____	Chairperson
Date _____	