

## 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.***

<b>FOR OFFICE USE ONLY</b>	
PC Approval _____	Chairperson
Date _____	