

CENTER/SITE: _____

MONTH/YEAR: _____



CENTER IN-KIND

PARENTS - We need your help getting your child **ready for Kindergarten**

(or for next year at Head Start if they were three when they started)



Our program also relies on your help for FUTURE FUNDING – We are required to gather a large percentage of In-Kind Hours. **THANK YOU FOR YOUR HELP!**

FILL IN THE DAY, DATE, ACTIVITY, AMOUNT OF TIME and SIGN AT THE BOTTOM – TURN IN TO YOUR TEACHER MONTHLY

Day/Date	Week 1 Learning Activities	Amount of Time Spent
10/1	Shape sort	15 minutes
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Total Time Spent		

Day/Date	Week 3 Learning Activities	Amount of Time Spent
10/17	I Spy Game	15 minutes
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Total Time Spent		

Day/Date	Week 2 Learning Activities	Amount of Time Spent
10/8	Read Book	15 minutes
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Total Time Spent		
Day/Date	Week 4 Learning Activities	Amount of Time Spent
10/25	Cutting Shapes	15 minutes
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Total Time Spent		
TOTAL HOURS FOR THE MONTH		hrs
Total Hours spent working on planned Head Start activities with my Head Start child this month: \$9.95 per hr. x _____ =		\$

Head Start Staff Signature _____

Date _____

Parent/Guardian Signature _____

Date _____