#### **EARLY HEAD START**

Northwestern Ohio Community Action IN-KIND FORM

## **Weekly Activity Log**

Please select all the activities you completed for the day and circle the total time spent on activities with your child. DON'T FORGET TO SIGN THE BACK! Thank you ©

| Sunday Monday   | Tuesday                                   | Wednesday                                 | Thursday                                  | Friday                                    | Saturday                                  |
|---|---|---|---|---|---|
| Activity Completed: Activity Completed:                     | Activity Completed:                       | Activity Completed:                       | Activity Completed:                       | Activity Completed:                       | Activity Completed:                       |
| 1 2 3 4 1 2 3 4   | 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   |
| 5 6 7 8 5 6 7 8   | 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   |
| Total Time: Total Time:                                     | Total Time:                               | Total Time:                               | Total Time:                               | Total Time:                               | Total Time:                               |
| 15 min 30 min 15 min 30 min 45 min 1 hr 2 hr 3 hr 2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr |

#### **Activity Description:**

- 1. Medical appointment (dental, physical, etc.)
- 2. Museums, zoo, etc.
- 3. Reading/ story time at the library
- 4. Bag Tag Activity
- 5. Activities from the class room newsletter

| 7. Other ( | lease Describe) |
|------------|-----------------|
|            |                 |

6. IEP (Only for children with an individualized Education Plan 8. Other (Please Describe)



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| Date: |
|-------|
|-------|

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|---|---|---|---|---|---|---|
| Activity Completed:                       |
| 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   |
| 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   |
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| 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr | 15 min 30 min<br>45 min 1 hr<br>2 hr 3 hr |

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# **EARLY HEAD START**—NOCAC—Child Development IN-KIND CONTRIBUTION FORM

## *In-Kind is WORTH ITS WEIGHT IN GOLD!*

|   | Site/Classroom   |
|---|--|
| Parent's Signature  | -OR-   |
| Parent's Name— <b>Please Print</b>  | Home-based Option  |
| Child's Name— <b>Please Print</b>   | Weekly Start Date  |
| Staff Signature   | Total Time for Activities from Back  |
| EARLY HEAD START—NO   | CAC- Child Development IN-KIND CONTRIBUTION FORM   |
| EARLY HEAD START—NO Kind is WORTH ITS WEIGHT IN GOL   | CAC- Child Development IN-KIND CONTRIBUTION FORM   |
| EARLY HEAD START—NO  Kind is WORTH ITS WEIGHT IN GOLD  cking the time spent working with your child                     | D!  helps us fund our Early Head Start and Head Start Program. Thank you for your hel  |
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| EARLY HEAD START—NO  Kind is WORTH ITS WEIGHT IN GOLD  cking the time spent working with your child  Parent's Signature | CAC- Child Development IN-KIND CONTRIBUTION FORM  D! helps us fund our Early Head Start and Head Start Program. Thank you for your hel  Site/Classroom  -OR- |

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Northwestern Ohio Community Action IN-KIND FORM

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| 1 2 3 4 1 2 3 4   | 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   | 1 2 3 4                                   |
| 5 6 7 8 5 6 7 8   | 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   | 5 6 7 8                                   |
| Total Time: Total Time:   | Total Time:                               | Total Time:                               | Total Time:                               | Total Time:                               | Total Time:                               |
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Tracking the time spent working with your child helps us fund our Early Head Start and Head Start Program. Thank you for your help.

|                                     | Site/Classroom  |
|-------------------------------------|---|
| Parent's Signature                  | -OR-  |
| Parent's Name—Please Print          | Home-based Option   |
| Child's Name—Please Print           | Weekly Start Date   |
| Staff Signature                     | Total Time for Activities from Back   |
| <b>%</b>                            | Cut Here  |
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| Parent's Name— <b>Please Print</b>  | Home-based Option   |
| Child's Name—Please Print           |   |
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