

Weekly Activity LogPlease 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
<i>Activity Completed:</i>	<i>Activity Completed:</i>	<i>Activity Completed:</i>	<i>Activity Completed:</i>	<i>Activity Completed:</i>	<i>Activity Completed:</i>	<i>Activity Completed:</i>
1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
<i>Total Time:</i>	<i>Total Time:</i>	<i>Total Time:</i>	<i>Total Time:</i>	<i>Total Time:</i>	<i>Total Time:</i>	<i>Total Time:</i>
15 min 30 min 45 min 1 hr 2 hr 3 hr	15 min 30 min 45 min 1 hr 2 hr 3 hr	15 min 30 min 45 min 1 hr 2 hr 3 hr	15 min 30 min 45 min 1 hr 2 hr 3 hr	15 min 30 min 45 min 1 hr 2 hr 3 hr	15 min 30 min 45 min 1 hr 2 hr 3 hr	15 min 30 min 45 min 1 hr 2 hr 3 hr

Activity Description:

- | | | |
|---|---|----------------------------------|
| 1. Medical appointment (dental, physical, etc.) | 4. Bag Tag Activity | 7. Other (Please Describe) _____ |
| 2. Museums, zoo, etc. | 5. Activities from the class room newsletter | |
| 3. Reading/ story time at the library | 6. IEP (Only for children with an individualized Education Plan | 8. Other (Please Describe) _____ |



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

In-Kind is WORTH ITS WEIGHT IN GOLD!

Tracking the time spent working with your child helps us fund our Early Head Start and Head Start Program. Thank you for your help.

Parent's Signature

Site/Classroom_____

-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 _____



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