

**WCMCA Head Start In-Kind**  
**(use for family events & socializations, meetings, & collaborative partner time)**

PURPOSE OF MEETING/EVENT: \_\_\_\_\_

DATE	Signature	Child's Name if Parent/Guardian or Title/Role if partner or staff	NUMBER OF HOURS

Staff Not Eligible for Match \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_