

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Dear Parent, Please take a moment to:**

1. Answer a couple of questions below and record the time you spent:

♥ Doing the activities with your child

♥ Answering the questions below

2. Complete, sign, and return this page to your teacher by the end of the month.

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We have a few Questions for you

1.
2.

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**Volunteer Time  
WCMCA-Head Start  
Volunteer Activities:**

<b>Total Time Spent on All Activities:</b>
<input type="checkbox"/> 1/2 hour <input type="checkbox"/> 1 hour <input type="checkbox"/> 1 1/2 hours
<input type="checkbox"/> 2 hours <input type="checkbox"/> 2 1/2 hours <input type="checkbox"/> 3 hours
Date:
Parent Signature:
<b>FOR OFFICE USE ONLY</b>
FES Signature:

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