WCMCA Head Start Parent Activity In-Kind Volunteer Form

Child First & Last Name (list all children enrolled)		Month/Year	
Parent/Guardian Volunteer Signature		Relationship to Child	
Staff Signature			

Did you know the time you spend working with your child(ren) on Head Start ***educational*** goals and activities translates to a dollar amount that directly supports our program? Please remember to record the activity code and the time spent completing the activities listed below with your child that support your local Head Start program.

Thank you for your valuable contribution!

Parent Instructions:

Using grid below, match your activity to a code. Find the date in the table and write the code in the box closest to the total time you spent doing the activity with your child.

Code	Activity
1	Reading Together
2	Activities that you do with your child suggested by your FES (ex. Practice colors, shapes, writing name, arts and crafts, cooking activities, play learning games, etc.)
3	Child or Family Goal Related Activity: Working on the child or family goals that you and your FES created

STAFF USE ONLY **Home Visits/Parent Conferences this month**	
Date of Visit	Total Visit Time

OFFICE USE ONLY

Parent Activity Hours: _____ HV/PC Hours: _____

Date	15 min	30 min	1 hour
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			
10th			
11th			
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26th			
27th			
28th			
29th			
30th			
31st			