

INKIND FORM

Date _____ Record the time that you taught your child through the educational activities below is necessary for the funding of the program. Please circle the amount of time that you and your child spent on the activity. Thank you!

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Activity # | Activity # | Activity # | Activity # | Activity # | Activity # | Activity # |
| 15 min. 30 min | 15 min. 30 min | 15 min. 30 min | 15 min. 30 min | 15 min. 30 min | 15 min. 30 min | 15 min. 30 min |
| 45 min 1 hr. | 45 min 1 hr. | 45 min 1 hr. | 45 min 1 hr. | 45 min 1 hr. | 45 min 1 hr. | 45 min 1 hr. |
| 2 hrs. 3 hrs. | 2 hrs. 3 hrs. | 2 hrs. 3 hrs. | 2 hrs. 3 hrs. | 2 hrs. 3 hrs. | 2 hrs. 3 hrs. | 2 hrs. 3 hrs. |

Activity #'s (Please write the number of the activity that you and your child completed!)

- | | |
|--|--|
| <p>#1. Medical Appointment (dental, physical, etc.)</p> <p>#2. Museums, zoo, etc.</p> <p>#3. Reading/Story Time at Library</p> <p>#4. Bag Tag Activity</p> | <p>#5. Activities from classroom newsletter</p> <p>#6. Activity from the Teaching Strategies GOLD at www.teachingstrategies.com</p> <p>#7. IEP (This is only for children who have an Individualized Education Plan)</p> <p>#8. Structured Activities completed outside the home</p> |
|--|--|

INKIND FORM

Date _____ Record the time that you taught your child through the educational activities below is necessary for the funding of the program. Please circle the amount of time that you and your child spent on the activity. Thank you!

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Activity # | Activity # | Activity # | Activity # | Activity # | Activity # | Activity # |
| 15 min. 30 min | 15 min. 30 min | 15 min. 30 min | 15 min. 30 min | 15 min. 30 min | 15 min. 30 min | 15 min. 30 min |
| 45 min 1 hr. | 45 min 1 hr. | 45 min 1 hr. | 45 min 1 hr. | 45 min 1 hr. | 45 min 1 hr. | 45 min 1 hr. |
| 2 hrs. 3 hrs. | 2 hrs. 3 hrs. | 2 hrs. 3 hrs. | 2 hrs. 3 hrs. | 2 hrs. 3 hrs. | 2 hrs. 3 hrs. | 2 hrs. 3 hrs. |

Activity #'s (Please write the number of the activity that you and your child completed!)

- | | |
|--|---|
| <p>#1. Medical Appointment (dental, physical, etc.)</p> <p>#2. Museums, zoo, etc.</p> <p>#3. Reading/Story Time at Library</p> <p>#4. Bag Tag Activity</p> | <p>#5. Activities from classroom newsletter</p> <p>#6. Activity from the Teaching Strategies GOLD at www.teachingstrategies.com</p> <p>#7. IEP (This is only for children who have an Individualized Education Plan)</p> <p>#8. Structured Activities completed outside of the home</p> |
|--|---|

NOCAC-Child Development Center Inkind Contribution

Parent's Signature

Site/Classroom _____

Parents Name – Please Print

Child's Name

Weekly Start Date _____

Staff Signature

Total Time for Activities from Back _____

Rev 9/15

NOCAC-Child Development Center Inkind Contribution

Parent's Signature

Site/Classroom _____

Parents Name – Please Print

Child's Name

Weekly Start Date _____

Staff Signature

Total Time of Activity from Back _____

Rev 9/15