

GLEAMNS Head Start/Early Head Start  
**Weekly Activity Completion Form**

**Attention Parents:** Please complete this form each day after completing the learning activity with your child. This information is needed for us to count your child as "Present" for attendance record keeping purposes. This form is to be returned to the center weekly

Activity #1: \_\_\_\_\_  
Name of Activity

\_\_\_\_\_  
Parent's Signature Date

Activity #2: \_\_\_\_\_  
Name of Activity

\_\_\_\_\_  
Parent's Signature Date

Activity #3: \_\_\_\_\_  
Name of Activity

\_\_\_\_\_  
Parent's Signature Date

Activity #4: \_\_\_\_\_  
Name of Activity

\_\_\_\_\_  
Parent's Signature Date