

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 and to track the amount of time used to assist child with the activities. This form is to be returned to the center weekly

Activity #1: _____
Name of Activity

Parent's Signature Date Time Spent (hours/minutes)

Activity #2: _____
Name of Activity

Parent's Signature Date Time Spent (hours/minutes)

Activity #3: _____
Name of Activity

Parent's Signature Date Time Spent (hours/minutes)

Activity #4: _____
Name of Activity

Parent's Signature Date Time Spent (hours/minutes)