



# At Home Activities

HS & EHS In-Kind Contribution

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

Week of \_\_\_\_\_ through \_\_\_\_\_

Parent/guardian please complete the following assigned activities with your child. Document the time spent on each activity. Please return this signed form to your child's teacher at the end of the week. If you have any questions please contact your child's teacher. The first column is the recommended time to spend on each activity for the week. The second column is you actual time spent on each assigned activities during the week.	<b>Recommended Time</b>	<b>Actual Time</b>
Approaches to Learning:		
Social and Emotional Development:		
Physical Development and Health:		
Language, Literacy and Communication:		
Mathematics:		
Creative Arts:		
Science and Technology:		
Social Studies:		
Total time spent on the above assigned activities:		
<b>Office use only:</b>		

Date each event and complete all that applies:

My mileage to and from my child's physical appointment:

Miles:

Time:

My mileage to and from my child's dental appointment:

Miles:

Time:

My mileage to and from (explain):

Miles:

Time:

**In Home Space:**

Electric=

Rent/Mortgage=

Water=

Phone= \_\_\_\_\_

Divide Total by 720=  
Per Hour Rate

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff's signature

\_\_\_\_\_  
Date

Hours	Rate	Total
Mileage		
Space		