BEAR RIVER HEAD START
PARENT COMMITTEE MEETING
SIGN IN SHEET

Location Of Meeting:_____

Date of Activity/Meeting:_____

Parent Committee Meeting Begin Time: **End Time:**

Adults in Attendance *Adultos Están Presentes* *Please list one adult per line	**How Parent Assisted Staff** *Como el padre ayudo al Personal de HS/Empleados*	**Travel Time** *Tiempo de Transporte a la reunion/actividad*	**Miles Round Trip** *Mlilas ida/vuelta* Not reimbursed by BRHS	**Preparation Time** *Horas de Preparación*	**Time Assisting at Meeting/Activity** *Tiempo Ayudando con la Reunión / actividad*

* Countable In-Kind time for Parent **time assisting** with meeting or activity, setting up, preparing or serving food, cleaning up, helping with the activities or in any other way being an assistant. Some Parents may be counted as assistants the whole time depending on the number of assistants required based on the adult/child ratio according to age and developmental appropriateness/performance standards and licensing requirements
*Countable In-Kind time for **preparation time** includes calling other parents, finding location, activity prep, etc.

FOR OFFICE USE ONLY (Use Red Ink)

Totals Adults:

x Minutes of Meeting:_____

= Total Meeting Minutes: _____

+ Preparation Time in Minutes: _____

+ Travel Time in Minutes:_____

+ Time Assisting in Minutes:_____

Total In-Kind Minutes: **Total In-Kind Miles:**

Staff Signature:_____

08/21/2014