

**Bear River Head Start
Activity/Socialization/Field Trip
In-Kind Form**

* please use separate sign in sheet for attendance and CACFP

Utah _____

Idaho _____

EHS _____

Date: _____	Location: _____
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Please mark one

Activity _____ **Field Trip** _____ **Socialization** _____

Start Time: _____	End Time: _____	Total min: _____
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Parent <i>Padres</i>	How parent Assisted staff <i>Como el padre ayudo al Personal de HS/Empleados</i>	Time Assisting <i>Tiempo Ayudando</i>	Preparation Time <i>Horas de Preparación</i>	Mileage (round trip) <i>Millas (ida/vuelta)</i>	Travel Time <i>Tiempo de transporte a la reunión/actividad</i>
		Total Assist Time In Minutes	Total Prep Time in Minutes	Total miles	Total Travel Time in Minutes

* 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.

Staff Signature: _____

Staff in Attendance: _____

Staff Comments: