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

PHS _____ EHS _____

***please use separate sign in sheets for attendance and CACFP**

Date:	**Location:**

Activity _____ Field Trip _____ Socialization _____

(Please mark one)

Start Time:		**End Time:**	**Total Minutes:**			
Parent *Padres* *Please list one adult per line. *Por favor, indique un adulto por línea.*	**# of Kids** *# de niños*	**How Parent Assisted staff** *Como el padre ayudo al Personal de HS/Empleados*	**Time Assisting** *Tiempo Ayudando*	**Preparation Time** *Horas de Preparación*	**Mileage (round trip)** **(*Not reimbursed by BRHS*)** *Millas alrededor Viaje* *(*No reembolsable por BRHS*)*	**Travel Time** *Tiempo de transporte a la reunión/actividad*
Total # of kids in attendance:						

*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.

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Totals: **Total # of Adults: _____**

Total In-Kind Minutes: _____Total In-Kind Miles: _____

x Minutes of Activity, etc.: _____

= Total Activity, etc. Minutes: _____

+ Time Assisting in Minutes: _____

+ Preparation Time in Minutes: _____

+ Travel Time in Minutes: _____

Staff Signature: _____

Staff in Attendance: _____

_____

Staff Comments: _____

_____