SHASTA HEAD START CHILD DEVELOPMENT, INC.

PARENT/CHILD ACTIVITY RECORD IN-KIND LOG*

| Child's Name | No. of Hours for Month** | * In-kind Logs must be submitted to your Area Manager at the end of every month. ** Please round-off minutes to the nearest quarter hour: 1/4 Hour or 15 minutes = .25 hours 1/2 Hour or 30 minutes = .50 hours 3/4 Hour or 45 minutes = .75 hours |
|--------------|-----------------------------|---|
| | | |
| | | |
| | | - For Fiscal Use Only - |
| | | TOTAL HOURS X HOURLY RATE \$ |
| | | = \$ |
| | | Grand Total |
| | | |
| | | |
| | | Staff Signature |
| | | |
| | | Site/Classroom |
| | | |
| | | |
| | | |
| | | |

TOTAL: _____