A.01d rev. 11/17

## EHS/HS INKIND FOR ALL TYPES OF GROUP ACTIVITIES (EX. PARENT ENGAGEMENT, GROUP DAY, FIELD TRIPS ETC.)

DATE:	SITE/CLASSROOM:			
DESCRIPTION OF ACTIVITY:  *PHSP – Please check box if you were a Past Head Start Parent				
*PHSP – Please check box if you were a Past Head Start Parent				
	VOLUNTEER			
CHILD'S NAME	(PRINT NAME)	HOURS	MILES	PHSP?

VERIFIED BY: \_\_\_\_\_