

**Bridges Head Start
Parent & Child At Home Activities
Center _____**

Child's Name: _____ **Activities for the week of** _____

Parents/Guardians: Below are activities for you and your child to do together. These activities support what your child is learning in the classroom. The recommended time for each activity is approximately 15 minutes. Please record the date as well as the time that you spend on the activities in the spaces provided. **Please sign and return to your child's teacher. Remember to spend time in your child's classroom this week.**

Dates	Activity	Time	Participating Adult Signature	Relationship to Child
	#1 Teacher's Suggestion:			
	#2			
	#3			
	#4			
	#5			
	#6			
	#7 Parent Created Activity:			